FOR STATE TO DEPOT'S MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If say, they is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the "sel director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retarned for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 2 and 2 with the State Board obtribution or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10496 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| Item 9 Film G297 | 10/5/61 iwk | 10400 |
|--|--|--------------------------------|
| 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution | ne nesidence solore edmission) |
| Prince George's MARYLAND | Maryland b. COUNTY P1 | rince George |
| b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town) | c. CITY OR TOWN (If outside corporete limits, write RURAL | end give neerest town) |
| Hyattsville | Hyattsville | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS | e. IS RESIDENCE |
| 6212 - 41st. Place | 6212 41 st Place | YES NO |
| 3. NAME OF First Middla | Last 4, DATE Month | Day Yeer |
| (Type or print) Robert William | Albright OF Septembe | r 27, 1961 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UND | ER 1 YEAR IF UNDER 24 HRS. |
| Male White WIDOWED DIVORCED | June 30.1910 Slast birthday) Months | Deys Hours Min. |
| 10m. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) | | CITIZEN OF WHAT COUNTRY? |
| Mechanic Airplane | Illinois | U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | 0 . 0 |
| William Ellsworth Albright | Emma Jane Walser | |
| | INFORMANT Address | |
| Yes 1928-1932 543-07-4873 | Helen Albright Winfree, | same as # 2 |
| 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] | more want for a want too, | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) COPONSTY TE | rombosi s | ONSET AND DEATH |
| 4/0/1 DUE TO | | |
| Conditions, if any, which \ (b) Coronary ar | rtery disease | |
| gave rise to immediate cause [a], stating the underlying DUE TO | | |
| cause lest. | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P. | |
| | | PERFORMED? |
| | (Enter nature of Injury in Pert I or Pert II of Item 18.) | |
| | | |
| | ACE OF INJURY (Home, farm, 20f. (City or town) | County) (State) |
| Hour a.m. While No! While fec | clory, street, office bldg., etc.) | |
| 21. I certify that I took charge of the remains described above, he | eld an Autopsy Inspection . Inquiry . | and in my opinion |
| death resulted from: Natural causes . Accident . Suice | cide . Homicide . Undetermined manner | |
| | CHIEF MEDICAL EXAMINER | |
| SIGNATURE James J. Ronal | M.D. ASSISTANT MEDICAL EXAMINER | DATE SIGNED |
| PYAMINIPOIO | and the same of th | ept. 27, 1961 |
| NAME (Type) JAMES I. BOYD, M.D. | Address (Street, city, town, or county) | eha. pi, radr |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O | R CREMATORY 22d. LOCATION (City, town, or cour | try) X V (Stete) |
| CREMATION SEPTSO, 1961 FORT LINCOL | -N CEMETERY BLADENSBUR | CY WORKTHAND |
| 23. FUNERAL DIRECTOR & RADDRESS OM | 248. REC'D BY REGISTRAR 246. REGISTRAR | SIGNATURE |
| Will Control of Junitary 111 | DATE DATE | Д ченину |

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James F. Boye, N. D.

No. 1 750

Princip Codes

TECH, 191, 1995

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution e. COUNTY a. STATE b. COUNTY Prince Georges by the and 2 and 2 death. MARYLAND Prince Georges b. CITY OR TOWN (if outside corporate limits. IC. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 ģ write RURAL and give neerast town) Riverdale 13 hours Cottage City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS Eugene Leland Memorial Hospital 3707 43rd Avenue NAME OF DATE Middle complet DECEASED OF DEATH (Type or print) Belle Vista Allison Sept. and con 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH S. SEX 9. AGE (In years | IF UNDER I YEAR lest birthdey) Months Female Aug. WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work OVe 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad? Glem Rock, Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Elvirah Kerchner Thomas R. Herbert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yes, no, or Inkown) | (Ifyesgive weror detes of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), physician. ò PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) DUE TO Condilions, if eny, which geve rise to immediate cause **DUE TO** (e), sleting the underlying the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY certificate SE use prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) the 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year Not While factory, street, office bldg., etc.) While at work et work may be retain DIRECTOR: 21. | certify that (i) (this hospital) altended the deceased from 9 -// 196/, to 9-/2 18/, that (i) (we) last 22e. SIGNATURE DIRECTOR PHYS. FUNERAL 1 PHYS. M.D. 22d. ADDRES 22c. PHYSICIAN'S NAME (Type)

e. IS RESIDENCE

YES NO 3

19 61

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO .

(State)

22b. DATE

SIGNED

U.S.

(County)

Year

ON A FARM?

filed w P # B VR A15 (4) 15M 9/60

BURIAL, CREMATION. REMOVAL (Specify

TO THE Depol. nala semanul 53c2V x n2(s) Lipeb - Louis E = 1 (5 - 1 to -White Edward of the control of the c Managara and Managara PROFILE AS SECUL I SENER WALLES HOW MINERAL to the collection of the 1 1/2 21-1 1-12 11-14 Luc III Jamana frame of the contractance of and one the most

funeral M TO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the deam cermincate be examined to the death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and increase, within 72 hours after death.

executed within 24 hours after

YR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| | 10498 | CERTIFICAT | CERTIFICATE OF DEATH | | | | | | |
|---|---|------------------------------------|---|---|--|--|--|--|--|
| 1 | 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where de | cassed lived, If institution, Residence before admission b. COUNTY | | | | | |
| / | Mince George | MARYLAND | Martland | Montgomery | | | | | |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give hearts) | c. LENGTH OF STAY IN 16 | c. CITY OF TOWN (If outside core) | orata limits, writa RURAL and give nearest town) | | | | | |
| 1 | Kural Adelphi | diffe benefited when the different | or lakoma la | I O. 15 RESIDENCE | | | | | |
| | d. NAME OF HOSPITAL OR INSTITUTION (IF IN | in hospital, give straet address; | 7404 Floure | ON A FARM? | | | | | |
| | 3. NAME OF Birst | Middle | Last 4, DATE | Month Day Year | | | | | |
| | (Typa or print) | Ellew 1 | Altman DEATH | Sept 1 1961 | | | | | |
| | 5. SEX 6. COLOR OR RACE 7. | MARRIED NEVER MARRIED | DATE OF BIRTH 9. | | | | | | |
| | Fe wh | DIVORCED | Mar. 20, 1872 | last birthday) Months Days Hours Min. | | | | | |
| 1 | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad) | 106. KIND OF BUSINESS OR INDUST | Y 11. BIRTHPLACE County & State, or | foreign country) 12. CITIZEN OF WHAT COUNTRY | | | | | |
| | 13. FATHER'S NAME | y Mook e Hible The | 14. MOTHER'S MAIDEN NAME | ado n.J.H. | | | | | |
| | Hiram T. Van | descourt | Jane Joi | nes. | | | | | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES | | INFORMANT / | Addipss / | | | | | |
| | (Yas, no, or uniown) (livesgivawarordalesofsarvi | None / | Vierceina Haras | Respuds. | | | | | |
| | 18. CAUSE OF DEATH (Enter only one can | | idi sing, Home | INTERVAL BETWEEN | | | | | |
| | PART I. DEATH WAS CAUSED BY: | biguiting | 0 | ONSET AND DEATH | | | | | |
| | IMMEDIATE CAUSE (a) | 21 | | one g | | | | | |
| | Conditions, if any, which (b) | toka Branca | 1.1.5 | live Hope | | | | | |
| | gave risa to immadiata causa | en journe | nucs | June 1 car | | | | | |
| | (a), stating the undarlying OUE TO | | | | | | | | |
| | 10/ | NS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL DISEASE | CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY | | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIO | | | PERFORMED? | | | | | |
| | E 20 ACCIDENT WAS UNDERLYING EN 12 | DE DESCRIBE HOW INTIDA OCCUPE |). (Enter nature of injury in Part I or Part II | | | | | | |
| / | OR CONTRIBUTING CAUSE OF DEATH | D. DESCRIBE HOW INJURY OCCURED | . (Eine: Headle of Hills y an Fell I of Fell A | or non-to-r | | | | | |
| | 3 20c. TIME OF INJURY Month, Day, Year | | CE OF INJURY (Home, farm, 201, (City | or town) (County) (State) | | | | | |
| | 20c, TIME OF INJURY Month, Day, Year Hour a.m. | While Not While at work at work | tory, street, office bldg., atc.) | p | | | | | |
| | 21. I certify that (I) (this hospital) | attended the deceased from | 7 1956 10 | Sept / 196/, that (1) (10) las | | | | | |
| | saw the deceased alive on Class | - // | Same as | the causes and on the date stated above | | | | | |
| | 228. SIGNATURE | Hare | ATTENDING MED. | STAFF PHYS. 7 | | | | | |
| | 22c. PHYSICIAN'S NAME (Type) | 7/10/20 | 22d. ADDRESS | 11 1 141 | | | | | |
| | 1 Devi | H. HAYE MI | 0, 7600 Car | roll Hee, I. TR. Ma. | | | | | |
| | 236 GURIAL, CREMATION, 236. DATE THEREO | 761 23c. NAME OF CEMETERY | OR CREMATORY 232-19C | ATION (City, lower or county) (State) | | | | | |
| | 24 RAINGRAL DIRECTOR'S SIGNATURE | ADDRESS | 1) 1-1-25a. REC'D BY REGIST | TRAR 256. RESISTRAR'S SIGNATURE | | | | | |
| | Karthur Wolferd | , 254 Derre | AVIA PATESEP 5 '61 | Orling & House | | | | | |
| | | | / // // // | | | | | | |

, p 17 11-7 The same of the same A STATE OF THE STA Sec 65430 She law all she Shirt out there was the second that I shall he with from the same with the same of the

FOR STATE HEALTH DEPT TO DEPUCY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any sy is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fundal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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> VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY

| Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 | |
|--|------|
| 10499 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 0493 |

| | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) |
|----|--|---|
| | a. COUNTY | a. STATE b. COUNTY |
| 1 | Prince George's MARYLAND | Virginia |
| | b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| 4 | Cheverly D.O.A. | Richmond R3X-3 |
| 1 | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | d. STREET ADDRESS i e. IS RESIDENCE |
| | | ON A FARM? |
| - | Prince George's General Hospita | |
| | 3. NAME OF First Middle DECEASED | Last 4. DATE Month Day Year |
| | (Typa or print) Walter Edward | DEATH - 10 |
| 1 | | DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| 1 | 20.2 | Last birthday) Months Days Hours Min. |
| - | Male White WIDOWED DIVORCED | September 17/12 48" |
| | 10a. USUAL OCCUPATION (Give kind of work done of the state of the stat | 11. BIRTHPLACE (Stata or foraign country) 12. CITIZEN OF WHAT COUNTRY? |
| | don Heavy Equipment Construction | Virginia U. S.A. |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | James John Armes | Tan Death |
| [- | | Lou Frost |
| | (Yas, no, or unkown) (Ifyas giva war or datas of servica) | 2235 Arton ST. |
| | No UNKNOWN P | abline Armes, Oxon Run Hills, Md |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY | ONSET AND DEATH |
| | IMMEDIATE CAUSE (a) ACUTE CONS | estive heart failure |
| | DUE TO | |
| | Conditions, if eny, which \ (b) Coronary h | eart disease |
| | gava rise to immediate cause (a), stating the underlying DUE TO | |
| | cause last. (c) | |
| | 16) | DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY |
| | = ===================================== | PERFORMED? |
| 0 | | YES NO T |
| 1 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF OF OTHER SIGNIFICANT CONTRIBUTING CAUSE FOR FEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF | inter nature of Injury In Part I or Part II of Itam 18.) |
| | CAUSE OF DEATH. | 127 |
| | 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20c. PLA | CE OF INJURY (Home, farm, † 2Df. (Cily or town) (County) (Steta) |
| | Hour a.m. WhileNot Whila fact | ory, street, office bldg., atc.) |
| | p.m. 19 at work st work | |
| | 21. I certify that I took charge of the remains described above, he | ld an Autopsy . Inspection , Inquiry , and in my opinion |
| 1 | death resulted from: Natural causes T. Accident . Suic | ide . Homicide . Undetermined manner |
| 1 | 1 | CHIEF MEDICAL EXAMINER |
| | ACTUAL O | |
| | SIGNATURE James J. James | M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| | EXAMINER'S | DEPUTY MEDICAL EXAMINER Sept. 7, 1961 |
| | NAME (Type) | Address (Street, city, town, or county) |
| 2 | 28. BURIAL, CREMATION, 226. DATE THEREOF BOYCE, NAME OF CEMETERY OF | CREMATORY 22d. LOCATION (City, town, or country) (Steta) |
| | Burial 9-10-1961 TUSSKIA CHURCH | H GEMETERY LUNENBURG GO, VIRGINIA |
| - | 23 FUNERAL DIRECTOR | 248. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE |
| 1 | Will Character Con Print 1 0 0 | M SEP 11 'e1 |
| | VIVIAMONE CO. VINOURALE, T | nd DATE SEP 11 '61 Civiling & through |
| - | | |

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T# 110221 6600 Jan and Jane Arese, Cade Run Hills, dd

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9

TOTOA

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 70000 | CERTIFICA | TIL OF DEATH | | 10101 |
|---|---|---|--|--|
| 1. PLACE OF DEATH o. COUNTY Prince Geor | ge 18 MARYLAND | 2. USUAL RESIDENCE (WI | h. COUNT | ution: Residence before admission) Prince George's |
| b. CITY OR TOWN (If autside corporate lim RURAL and give nearest town) Hyattsville Md | its, write C. LENGTH OF STAY IN 16 | 1 2 | outside carparate limits, write ville, Md. | RURAL and give nearest town) |
| d. NAME OF HOSPITAL (If not in hospitol. OR INSTITUTION 3808 Powhatan Road | give street oddress) | d. STREET ADDRESS / 3808 Pow | hatan Road | e. IS RESIDENCE ON A FARM? YES \(\) NO \(\) |
| 3. NAME OF DECEASED (Type or print) John | rst Middle | Last Ault | O.C. | ember 19, 19 6 |
| s. sex male 6. COLOR OR RACE white | 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | 0ct 27, 190 | 9. AGE (In year last birthday) 56 yr | Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work during most af working life, even if retired Painter | done 10b. KIND OF BUSINESS OR INDU | JSTRY 11. BIRTHPLACE (Stole Washing | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13. FATHER'S NAME Ray C Ault | | 14. MOTHER'S MAIDEN | E King | |
| 1S. WAS DECEASEDEVER IN U. S. ARMED FOR (Yes, no. or unknown) (If yes, give wor or dates of NO | | ellie Mae Au | | ille Md. |
| 18. CAUSE OF DEATH [Enter only one or PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (| Carcinda | al lev | ٩ | INTERVAL BETWEEN ONSET AND DEATH |
| Candilians, if ony, which) | | V | 8 | |
| gove rise to immediate cause (a), stoting the under- lying couse last. | c) | | | |
| PART II. OTHER SIGNIFICANT CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | NOTIONS CONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERM | INAL DISEASE CONDITION G | FIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO |
| | 206. DESCRIBE HOW INJURY OCCURR | ED. (Enter nature of injury in | Port 1 ar Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Ye Hour a.m. 19 | 20d. INJURY OCCURRED While Nat while of wark of twork | LACE OF INJURY (Home, form actory, street, office bldg., etc | n, 20f. (City or town) | (County) (Slate |
| 21 I certify that (I) (this haspital saw the deceased alive an | il) attended the deceased fram. | death occurred at | | 19 G 3 that (I) (ye) los and an the date stated above |
| 22a. SIGNATURE | 5 | ATTENDING & | AED. STAFF PHYS | 22b. DATE Signer Sept 19, 1961- |
| 22c. PHYSICIAN'S NAME (Type) A Deita | .) | Hey ATSY | ille. Md. | |
| 230. BURIAL, CREMATION, 23b. DATE THERE 9/22/61 | OF 23c. NAME OF CEMETERY George Wash: | | 23d. LOCATION (City, town Hyattsville | n, ar caunty) (State) |
| 24. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons | Hyattsville, Md. | | D BY REGISTRAR 25b. REG | GISTRAR'S SIGNATURE |

| 10494 | The Policy of Habital | | 0.02.11 | |
|-------|-----------------------------------|------------|---------------------------|--|
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| | 1/4-40-811 (8-24) | | | |
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FOR STATE HEALTH DEPT ay is necessary, and director. Page IO DEPUTY MEDICAL EXAMINER: This certif cate should be executed within 24 hours after death. If any pays is necephase execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the full director 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of 1 or its designated agent, prior to burial, cremation, or removal, and in any event. Within 72 hours after death.

VS, AISME 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | 10501 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10495 |
|---|--|
| | 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 5. COUNTY (COUNTY) |
| | Prince George MARYLAND . STATE Many Land B. COUNTY P. Q. |
| | b. CITY OR TOWN (1 outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (11 outside corporate limits, write RURAL and give nearest town) |
| 1 | Chapel Hell 41/24ears & Chapel Hell |
| i | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS |
| | 8617 Washington are 18617 Washington Care VEST NO FARMS |
| • | 3. NAME OF DECEASED And First Middle Last 4. DATE Month Day Year |
| 4 | (Type or print) / obert your / Jacken DEATH Sept 22/1961 |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In Years IF UNDER 14 PLANS) Months Dave Months Months Dave Months Months |
| | male whate widowed of Divorced may 27, 1004 77 yrs. |
| | 106. USUAL OCCUPATION (Give kind of work done during most a work in the live of the country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | anytone u. A. Con |
| 1 | 13. FATHER'S NAME |
| | James Carly Soller Cardino Carly |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCESTY 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, No. or unkown) (Ifyesgive war or dafes of service) y 2 |
| • | no fames cong |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] |
| | PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Cicule Congastive heart forders |
| | 44 DUE TO |
| | Conditions, if any, which (b) Clerdiovos cult reach disease |
| | geve rise to immediate cause [e), stating the underlying DUE TO |
| | cause last. (c) |
| i | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? |
| | YES NO PL |
| | YES NO COURED. [Enter nature of injury in Pert I or Pert II of Item 18.] PRIMARY OF CONTRIBUTING OF CONTRIBUT |
| | |
| | 20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) |
| | Hour e.m. While Not While factory, street, office bldg., etc.) |
| | 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion |
| | death resulted from. Natural causes Accident . Suicide . Homicide . Undetermined manner . |
| | CHIEF MEDICAL EXAMINER |
| , | SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| ř | EXAMINER'S / TETS DEPUTY MEDICAL EXAMINER P 9/22/6 |
| , | NAME (Type) JAMES J. OCY C. Address (Street, city, town, or county) 72a. BURIAL CREMATION 1.22b. DATE THEREOF 1.22c. NAME OF CEMETERY OR CREMATORY 1.22d. LOCATION (City, town, or country) (Stete) |
| | 726. BURIAL, CREMATION, 22b. DATE THEREOF 22c. WAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) |
| - | Burial 9-6-6/ ST AUh) 23 FINNEDAL INDECTOR ADDRESS SIGNATION |
| | The state of the s |
| | 2/2/ Phone 5/7-1/5-15 A. E. 1 12 161 Carthay & trave |



TON STREET, BALTIMORE 1, MARYLAND FOR STATE 10/4 USUAL RESIDENCE (Where deceased I ved, If institution)^ PLACE OF DEATH e. COUNTY Prince George c. CITY OR TOWN (If outside corporate limits, write RURAL and gis nearest town Prince George & MARYLAND 1 c. LENGTH OF STAY IN 16 write RURAL and give nearast town) Hvattsville Washing to kentered d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address) 30 Lanier Place ON A FARM? 4922 LaSalle Road. YES NO TO Carroll Manor. 3. NAME OF DATE DECEASED OF (Type or print) DEATH September 19 63 Vincent William 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE In years | IF UNDER 1 YEAR 5 may to 2 with hours at last birthday) Months White WIDOWEDKK DIVORCED September Male 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? PM3. Page 1, 2, page 1 page 1 page 1 and 1 within 72 F dona during most of working life, even if retired) Clothing U.S.A. New York Tailor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vincent Bailey Unkn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Unknown 4000 Mass. Ave N.W. (Yes, no, or unkown) I (If yes give war or dates of service) Vincent L. Bailey, Washington D.C. e along w al-transit p 18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ng" in pencil i r's Off.ce alor s a burial-frans re≣oval, and Pneumonia. IMMEDIATE CAUSE (a) DUE TO - Fracture of the right Hip gave risa to immediate cause DUETO (a), stating the undarlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? Medical Ex should be to ial, cremati NO T 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) CAUSE OF DEATH. Fell on the floar while going to the bath room

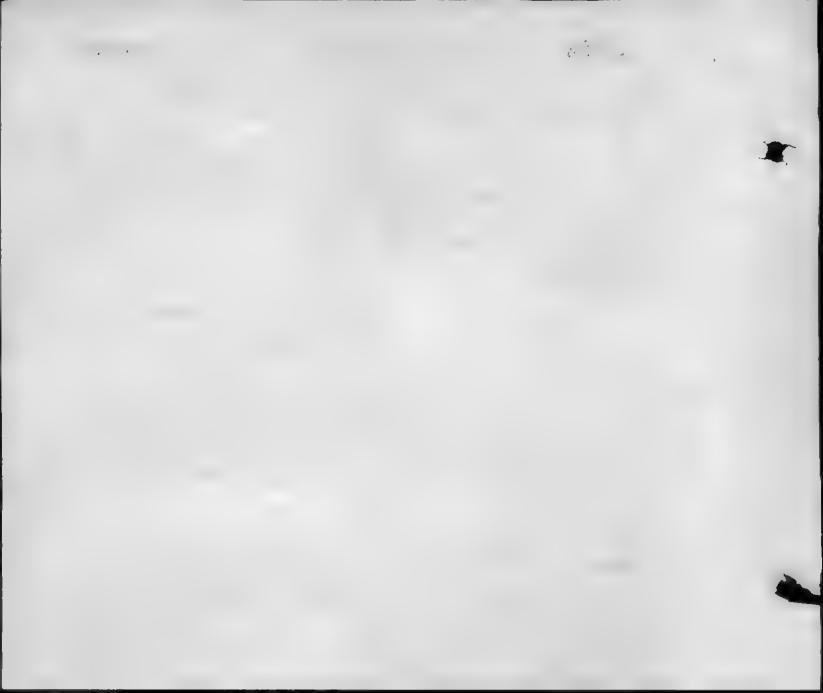
20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown)

While Not While (Gounty) the Chief A the Chief A R: Page 3 s 20c. TIME OF INJURY at work at work nursing Home Avondale DEPUTY MEDIAL please execute the certificate, 4 shmuld be forwarded to the DEPUTE DIRECTOR; or its delignated agent, price 21. I certify that I look charge of the remains described above, held an Autopsy . Inspection ... Inquiry 💢 . and in my opinion Homicide Undetermined manner death resulted from: Natural causes Accident Suicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE _ DEPUTY MEDICAL EXAMINER EXAMINER'S JAMES I. BOYD, M.D. Adde NAME (Type) Address (Street, city, town, or county) 22b. DATE THEREOF 22a, BURIAL, CREMAT ON, 72d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) 240 g 9/27/61 Burial Mt. Olivet Washington 23 FUNERAL DIRECTOR VS. A15ME F. Gasch's Sons Hvattsville, Maryland Orthur 2 House DATE

LAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

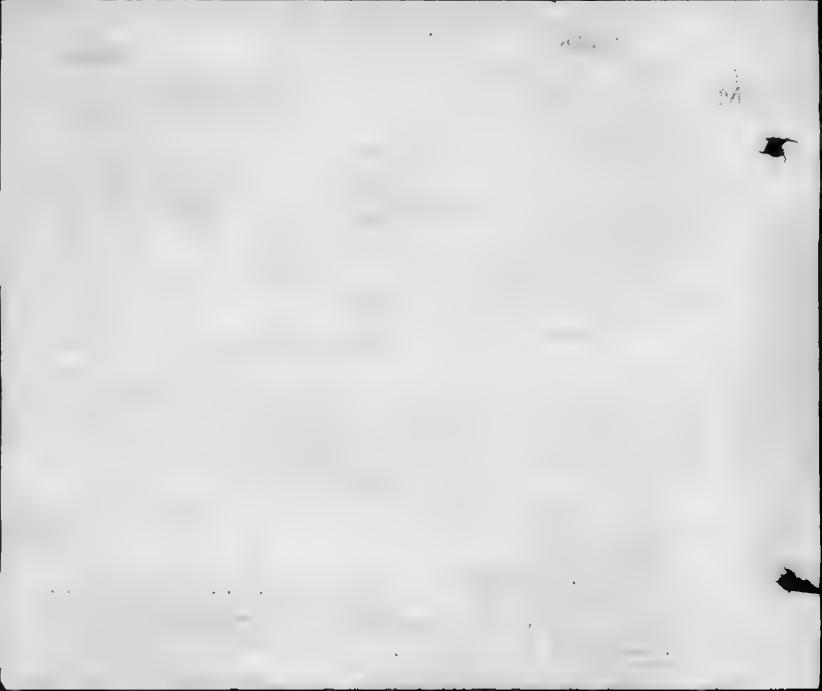


ed in by the funeral TO HOSE. IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Perchamma be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete.

15M

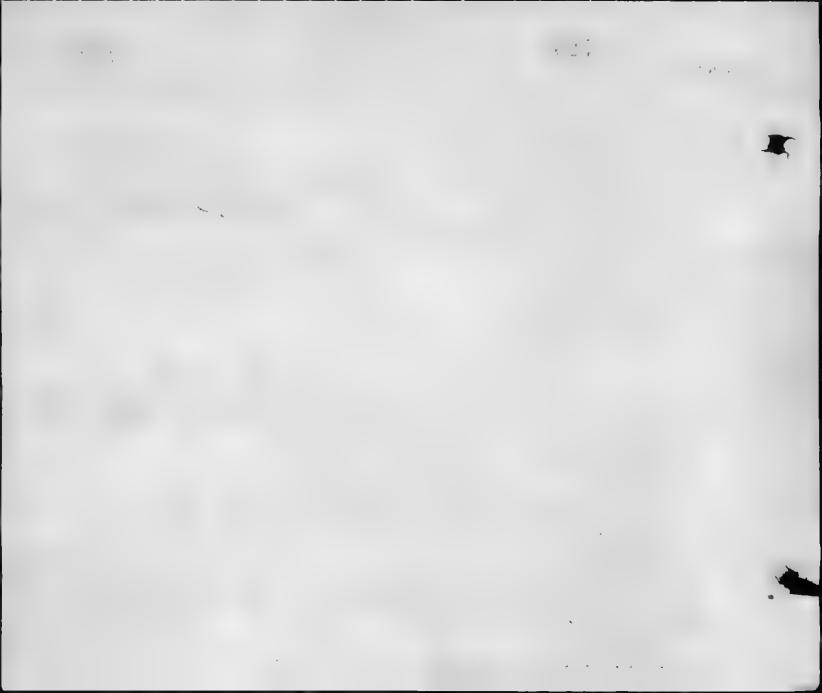
| 17 | | 10504 | CERTIFIC | ATE OF DEATH | 4 | 0408 |
|-----|----------|---|---|---|--|--|
| | 1. | PLACE OF DEATH | | 1 " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | Where deceesed lived, If institution; Ke | esidence before admission) |
| M | | b. City OR TOWN (I outs'de corporete write RURAL and give neerest town) | MARYLI | 1 1/1 / 1 | b. COUNTY | ce George 5 |
| -7 | 3. | Chevery d NAME OF HOSP TAL OR INSTITUTION PINCE George'S NAME OF DECEASED | 2000 | d. STREET ADDRESS | DATE Month | e. IS RESIDENCE ON A FARM? YES NO TO SEE |
| 1 | 5. | (Type or print) SEX 16. COLOR OR RA FRANCE Library | Innie E. CE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | | 9. AGE (In yeers IF JNDER1) lest birthdey) Months D | |
| | de | b. LSJAL OCCUPATION (G ve k nd of vene during most of working life, even if re | work 106. KIND OF BUS NESS OR II | NDUSTRY / 11. BICTHPLAKE , COUNTY & E Mary 14. MOTHER'S MAIDENEYAN | land US | EN OF WHAT COUNTRY? |
| | | Eugene Wi WAS DECEASED EVER IN J. S. ARMED 25, no, or unifown), (((yesgivewerordste | ndsor FORCES? 16. SOCIAL SECURTY NO | Fannie 17. INFORMANT | E. Ferguso | ٠ |
| | | 18. CAUSE OF DEATH (Enter only | | MEIEN HIVE | y - Same as | # 2 |
| | | PART I. DEATH WAS CAUSED BY | (1) Ci cute Con | on any beel | ession | ONSET AND DEATH |
| | | Conditions, if eny, which gever ise to immediate cause | (b) Section | | | though. |
| | | ceuse lest. | (c) Auch fotol | Josem Leader | Justin Wel | |
| | CATION | PART II. OTHER 5 GNIFICANT CO | | BO NOT RELATED TO THE TERMINAL | | 19. WAS AUTOPSY PERFORMED? YES NO |
| | CERTIFIC | 200. ACCIDENT WAS JNDERLY NG OR CONTRIBUTING CAUSE OF DEA |] 206. DESCRIBE HOW INJURY OF THE ERIT | CCURED, (Enter nature of injury in Port) | or Pert II of Item 18.) | • |
| *, | MEDICAL | 20c. TIME OF INJURY Month. Day, Hour a.m. p.m. | Yeer 20d. INJURY OCCURRED 2 While Not While et work et work | Oe. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) | 20f. (City or town) (Coun | ty) (Stete) |
| | | 21. I certify that (I) (this ho saw the deceased alive on | | | 9, 10 S - / F, 196 | |
| | | 22e. SIGNATURE | , | ATTENDINGMED. | STAFF | 22b, DATE SIGNED |
| 1 | | 22c. PHYSICIAN S NAME (Type) Dr. Sat | al Schwartzbach | 22d ADDRESS | TOR PHYS. | - 6 D a |
| - 1 | 23 | BURIAL, CREMAT ON, 23b. DATE | | LETERY OR CHANGE 12: | N.W. Washington | (State) |
| 1 | | | | on National | Arlington Virgi | |
| | 24 | F. Gasch's Sons | Hyattsville, Md | | 21 '61 25b. REGISTRAR'S SI | |
| | '- | | | | | |

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



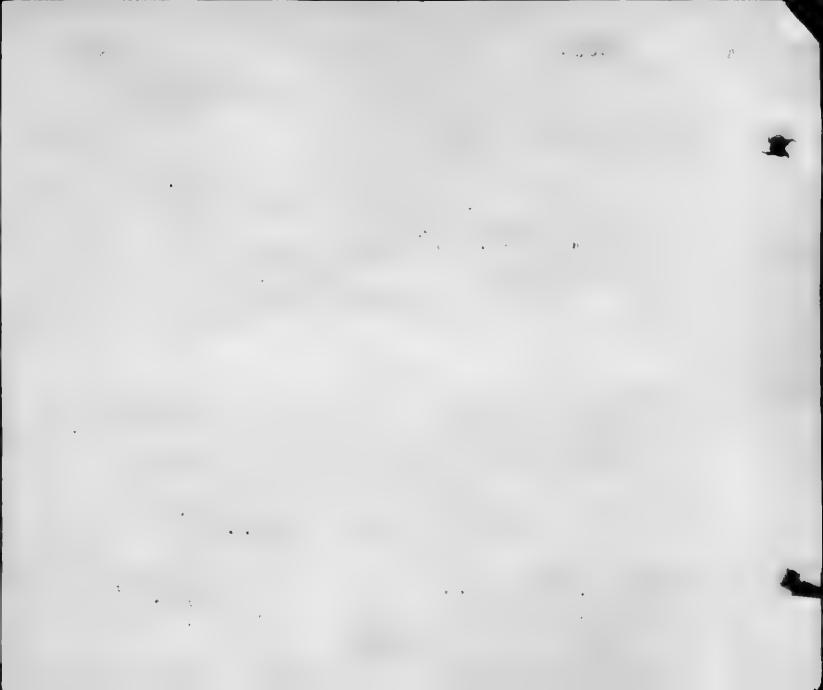
STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH e. COUNTY OR TOWN (fouls'de corporete limits, write RURAL end give neerest town) MARYLAND death. b. CITY OR TOWN (if outside corporeté I m'ts, LENGTH OF STAY N 16 ON A FARM? NO [YES 3. NAME OF DECEASED (Type or print) IF UNDER YEAR IF UNDER 7. MARRIED X NEVER MARRIED 10b. KIND OF BUSINESS OR INDUSTRY done during most of working laweven if retired MOUSOW 13. FATHER'S NAME 14 MOTHER 5 MA, DEN NAME 16. SOC, AL SECURITY NO. (Yes, ne. of unknown) | [[fyes give wer or detes of service] SAME 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PERFORMED NO 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) | 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) [County] (Stote) 20c. TIME OF INJURY Month, Day, Year While Not While fectory, street, office bldg., etc.) Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from PRT 15., 1961, to SPT 16, 1961, that (I) (we) last 220, SIGNATURE SIGNED PHYS. DIRECTOR PHYS. M D 22d. ADDRESS 23d. LOCATION (C'w, town or county) (State) BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 25e. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

and completely and cor physician signed by рееп has certificate ha After this may be retaine DIRECTOR: / director, page 3 be filed with the VR A15 (4) 15M 9/60

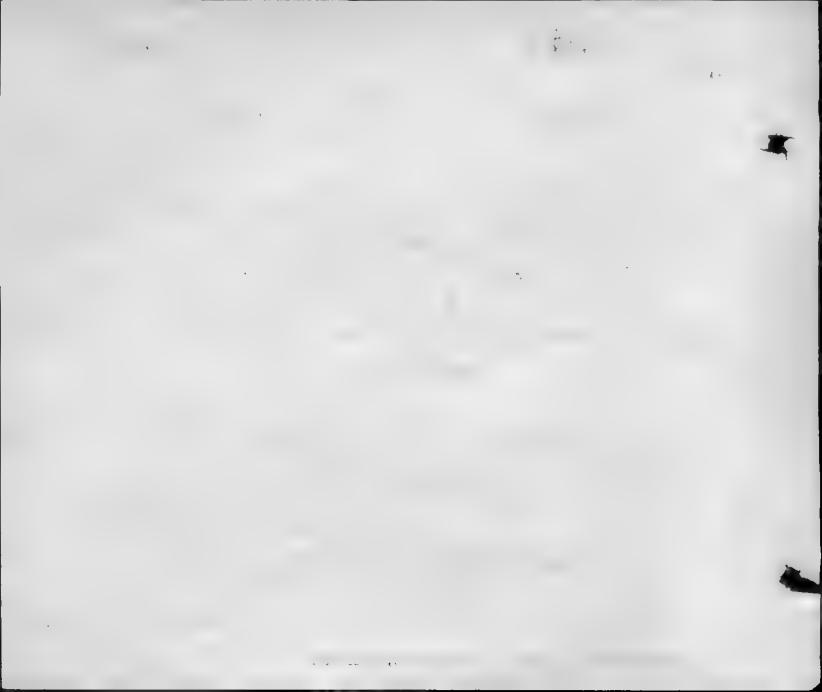


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution .. COUNTY Prince George **b.** COUNTY # 7 T Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate imits, write RURAL and give neerest town) We neerest town) Days Riverdale d. NAME OF HOSPITAL OR INSTITUT ON (if not un hosp to, g've street eddress) a. STREET ADDRESS e. IS RESIDENCE Prince George General Hospital ON A FARM? YES NO V 5707 Longfellow Street papers NAME OF Middle. DATE DECEASED OF (Type or print) DEBTH 19 61 6 COLOR OR RACE 7, MARRIED NEVER MARR ED B DATE OF BRYH AGE (In years | IF LNDER 1 YEAR IF JNDER 24 MRS last birthday) | Months WIDOWED X D VORCED 10e. USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.C.A. SHIHGTON. 13. FATHER'S NAME (Yes, no, or unkown), (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Z-3 MUNTIK RCINC MITTOSIS IMMEDIATE CAUSE (a) DUE TO RONCHOCSENIC CARCINGIYA Conditions, if any, which gove rise to immediate ceuse **DUE TO** (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS ALTOPSY certificate PERFORMED? YES X NÖ 20e. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert | or Part || of tem 18.) OR CONTRIBUTING CAUSE OF DEATH After this 20d, INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, straet, offica bldg., etc.) While Not While at work CTOR 21. I certify that (1) (this hospital) attended the deceased from... (c.f., and that death occurred at 30% from the causes and on the date stated above. saw the deceased alive on. may be 22a SIGNATURE ATTENDING 3 DATE MED. STAFF SIGNED FUNERAL 22d. ADDRESS 22c. PHYS C AN S Riverdale Road. Vames Duke, M.D. filed v 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 236 DATE THEREOF a fogo 2Se. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Kinus

RYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidanca batora admission) b. CITY OR TOWN (if outside corporate I mits, & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate lim.)s, write RURAL and give neerest town) V4/2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED (Type or print) DEATH 19 61 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 18 yrs. Months WIDOWED 12, CITIZEN OF WHAT COUNTRY? 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CMIK IMMED. ATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate cause DUE TO PART II, OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO NO L 20a. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of 'tem 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year Not While fectory, streat, office bldg., etc.) While Hour a.m. at work of work 22b. DATE 22a, SIGNAFFURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. death. Page 4
TO FUNERAL
director, page 3
be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, lown or county) 236. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stefa) Hvattsville. Md. George Washington ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Hyattsville, Maryland PATE SEP 21 '61 arthur & thans 15M 9/60 Francis Gasch's Sons



TO HOS MATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be it, and by the haspital or attending physician.

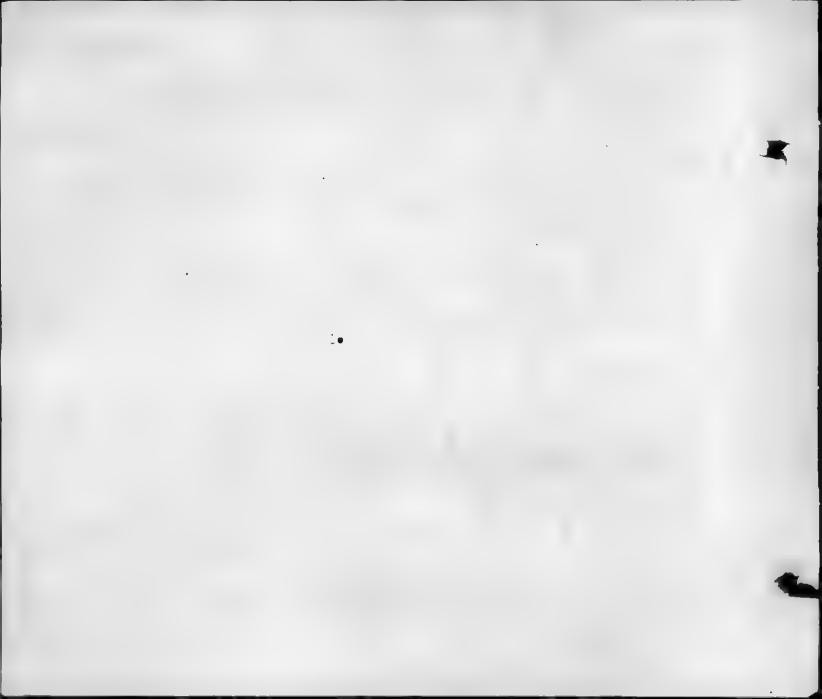
TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and campletely filled to the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10508

| CERTIFICATE OF DEATI | | CERTIFIC | ATE | OF | DEATE |
|----------------------|--|----------|-----|----|-------|
|----------------------|--|----------|-----|----|-------|

| Δ, | 70000 | CERTIFICA | TIE OF DEATH | | Reg. Dist. No. | _ |
|-------|--|--------------------------|----------------------------------|---------------------------------------|-----------------------------|------------------------|
| 7 | . PLACE OF DEATH) a. COUNTY | MARYLAND | 2 USUAL RESIDENCE (Who | ere deceased lived. If inst b. COU | Iution: Residence before Ou | nission) |
| ŀ | b. CITY OR TOWN (If outside corporate limits, write ofc. | | c CITY OR TOWN IIF or | stride cornetate limits, wri | te RURAL and give nearest t | nun! |
| ı | RURAL and silve nearest town) | | Runal | 2 | 1 02 | × . |
| Ī | d. NAME OF HOSPITAL (If not in hospital, give street adde OR INSTITUTION | (ess) ; † (| d STREET ADDRESS | T .0 | 1 + 0 | RESIDENCE N A FARM? |
| = | NAME OF Madel, First | Middle | acqueer | 4. DATE | | □ ио 🛛 |
| 1 | (Type or print) | uce Br | uner | OF DEATH Suf | tember 29 | 7 19 6 / |
| 5 | 6. COLOR OR RACE 7 MARRIED WIDOWED 5 | | DATE OF BIRTH | 9. AGE fin ye lost birthdo | 7) Months Days Hou | |
| Ī | On USUAL OCCUPATION (Give kind of work done 10b. KIN during most/of working life, even if returnd) | | | V / | 12. CITIZEN OF WI | AT COUNTRY |
| L | Hausemfe | Hame | Jennes | | 05 | A |
| | 3. FATHER'S MAME | Baldrid | 14 MOTHER'S MAIDEN N. | L Greals | line Wins | ett |
| 10 | S WAS DECEASED EYER IN U. S. ARMED FORCES? 16 SOC Yes, no or facilitation of the first services of services of services (4.3) | 1-05 9639 | My Ethe | 29/10/1 | Address | m. 1 |
| F | 18. CAUSE OF DEATH [Enter only one couse per line to | or (a), (b), and (c). | 10000 | | LINTERVAL | BETWEEN |
| | | Carcinoma of | Signald | | | ND DEATH |
| l | 1533 DUE TO | | | | | |
| l | Conditions, if ony, which) (b) | | | | | |
| ı | gove rise to immediate DUE TO | | | | | |
| ١. | lying couse lost. (c) | | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CON | IRIBUTING TO DEATH BUT I | NOT RELATED TO THE TERMIN | IAL DISEASE CONDITION | PEI | AS AUTOPSY REORMED? |
| 10120 | 200. ACCIDENT WAS UNDERLYING TO DESCRIBE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | E HOW INJURY OCCURRED | (Enter nature of injury in Pa | ort 1 or Part II of item 18) | | |
| 13 | 20c. TIME OF INJURY Month, Day, Year 20d. INJUR | Y OCCURRED 20e. PLA | CE OF INJURY (Home, form, | 20f (City or lawn) | (County) | (State) |
| 100 | Hour o. m. White of work | | ory, street, office bldg., etc.) | | | |
| | 21. 1 certify that I attended the deceased | from | , 19, ta | | ,that I last saw tl | ne deceased |
| | alive an, 19 | , and that death | occurred at | | | ated abave. |
| | ACTUAL SIGNATURE | aus. | A | DDRESS (Street, city or for | vn, slote) | DATE SIGNED |
| | PHYSICIAN'S NAME (Type) | | | | | |
| 12 | 20 BURIAL, CREMATION, 225 DATE THEREOF 22 | C. MAME OF CEMETERY OR | CREMATORY | 22d LOCATION (City, tow | n, or county)// / (5 | itole) |
| | Sural Oct 3 1961 X | enivord | Cemeters | Paragant | | end |
| 2 | 3. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 240 REC'D | BY REGISTRAR 245 RI | GISTRAR'S SIGNATURE | |
| 4 | Well We analded. | damel | My DATE OCT | 4 '61 (| Inter & Krows | |



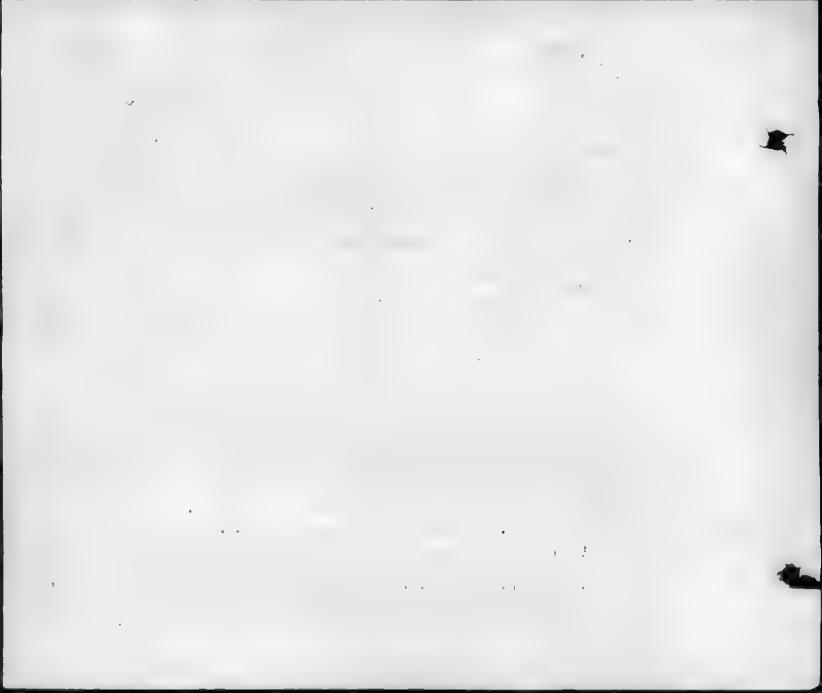
TO HOSPITA, IN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be removed by the hospital or attending physician.

TO IUMIRAL MINECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the Stall Board of Health prior to burial, cremation, ar removal, and in ony event, within 72 haurs after death.

VR ATS (4) TSM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — RAITIMORE 1. MAR

| 10500 | | TE OF DEATH | A LA | 10503 | | | |
|---|----------------------------------|---|-------------------------------|---------------------------------------|--|--|--|
| I I PLACE OF DEATH | | USUAL RESIDENCE WIN | ere deceased lived if instit | tution: Residence before admission) | | | |
| o. county Prince George's | MARYLAND | a. STATE laryla nd | A second of | | | | |
| b. CITY OR TOWN (If outside corporate limits, write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If a | utside carporate limits, writ | e RURAL andrgive nearest tawn) | | | |
| RURAL and give nearest lown) Cheverly | 11 Days | 11 Days Oxan Run | | | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION | address) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? | | | |
| Prince George's General | l_Hosp. | 2613 South | ern Ave., S, | E. YES NO | | | |
| 3. NAME OF First DECEASED | Middle | Last | 4. DATE | Aonth Day Year | | | |
| (Type or print) Joseph | JULES | Broches | DEATH Se | A | | | |
| S SEX Male 6 COLOR OR RACE 7. MARR WIDOW | IED T NEVER MARRIED | 8 DATE OF BIRTH | 9 AGE (In year lost birthday | ors IF UNDER 1 YEAR 1F UNDER 24 HRS | | | |
| 10a USUAL OCCUPATION (Give kind of work done 10b. | KIND OF BUSINESS OR INDU | STRY 11 BIRTHPLACE (State of | or foreign country) | 12 CITIZEN OF WHAT COUNTRY? | | | |
| during most of working life, even if retired) | nexal Mercha | notice Was | Ameritan M | 1.e U.S.A | | | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | AME O | | | | |
| umb | 10 401827 | | unburge | 227 _ | | | |
| | SOCIAL SECURITY NO 17 1 | NFORMANT | A | Address / A // Al . I / | | | |
| (Yes, no or unknown) (If yes, give war or dates of service) | 19-18-591 M | rs Roth Gor | WIEL 25 | 49 43MAV. N.W | | | |
| 18. CAUSE OF DEATH (Enter only one couse per lin | ne for (a) (b) and (c) 1 | | | I INTERVAL BETWEEN | | | |
| PART I. DEATH WAS CAUSED BY | 11 | (o to | a. Till | ONSET AND DEATH | | | |
| IMMEDIATE CAUSE (o) | Maosine | e Justo | much | amues | | | |
| DUE TO | Ø , | V | pro | 1 | | | |
| Canditions, if any which) (b) | Dopha | leal Va | she ca | cerally | | | |
| gave rise to immediate DUE TO | | | | | | | |
| lying couse lost, | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS | ONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMIN | NAL DISEASE CONDITION | GIVEN IN PART 1(0) 19 WAS AUTOPSY | | | |
| ATIO | | | | PERFORMED? YES PO NO | | | |
| 일 20g ACCIDENT WAS UNDERLYING [] 20b. DESI | TRIRE HOW IN HIPY OCCUPPE | D (Enter nature of injury in P | art Lor Part (Laf item 18.) | | | | |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | SHOL HOW HOOK! OCCORNE | e (Esset Herere or mary in t | , | | | | |
| - - - - - - - - - - | | | Tool (5) | 40 | | | |
| 20c TIME OF INJURY Month, Doy, Yeor 20d II Hour o.m. While | NJURY OCCURRED 20e. Pl Nat while | ACE OF INJURY (Hame, form, ictory, street, office bldg., etc. | 20t (City or fown) | (County) (State) | | | |
| p. m. 19 of war | k ot work | | | | | | |
| 21. I certify that (I) (this hospital) attend | led the deceased from. | Aug, 23 | ol Sept. 4 | 19 01, that (I) (we) lost | | | |
| saw the deceased alive on Sept. | | 10 A | Q AraMeha cousas | and on the date stated above. | | | |
| 220 SIGNATURE | | / | 1101111110 000000 | 22b. DATE | | | |
| V Harrier & | Mugue | M.D. PHYS DIE | D. STAFF | SIGNED 9-1-6 | | | |
| ZZC PHYSICIAN'S | 19 - 1/100 | 22d ADDDESS | | | | | |
| NAME (Type) Dr. Samuel & S | Bugar, M.D. | 2001 Taiti | more Ave., h | gatusville, Md. | | | |
| 22. Supul Christian Christian | los suus es access | D 60544 700V | DOLL DOLL TO COLUMN | | | | |
| 23d BURIAL CREMATION 23b DATE THEREOF | 23c NAME OF CEMETERY C | A to fresh | 23d LOCATION (City tow | | | | |
| Burial 4-6-1961 | FORI LINC | | SLADENSB | DRG, MARYLAND | | | |
| 24 FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 25a REC'C | | EGISTRAR'S SIGNATURE | | | |
| W.W. A Samberal (1. | werdala. V | PLATE SE | :P 7 '61 | Chilling S. Hauck | | | |



TO HOSPITAL MATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reported by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye attaching appers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, at remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| | | 105 | 10 | | CER | HIFICA | VIE: | OF DI | AIH | | | | -4.0 | F 0 | 4 |
|-------------|---|-----------------------------|--|--------------|---------------------|---------------------|------------|---------------|------------|------------------|-----------------|-----------------|-------------|--------------|-------------------------|
| | PLACE OF DEATH | | | | | | 2. U | SUAL RESID | ENCE (W) | here decease | d lived. If ms | | idend ben | | ssan) |
| | Pr | ince | Geor | ges | | MARYLAND | | Hary | la nd | | b. COL | rinc | e Geo | rges | 5 |
| | b. CITY OR TOWN (If RURAL and give ner | outside co | rporete limi | ts, write | c. LENGTH OF | STAY IN 16 | ۵. | CITY OR T | OWN (If a | outside corpo | rote limits, w | ite RURAL o | nd give ne | arest tow | vn) |
| | RURAL and give nee | verly | | | 7 da | ays | 33 | Lan | dover | P.O. | Rura | lLar | go, Mo | 1. | |
| | d. NAME OF HOSPITA | AL (If not or | hospitol, g | jive street | oddress) | | 10 | STREET A | DDRESS | | | | | e. IS RE | SIDENCE A FARM? |
| | Prince | Geor | ges Ge | enera | 1 Hospi | tal | | 90 | 25 Ce | entral | Avenue | 2 | | |] NO [] |
| 3 | NAME OF DECEASED | | Fir | st | ٨ | Aiddle | | Last | | 4. DATE OF | | Month | Do | ay | Yeor |
| | (Type or print) | E | thel | | (NMN) | | E | rooke | | DEATH | 5 | Sept. | | 5 | 19 61 |
| S. 5 | SEX | 6 COLOR | OR RACE | 7 MARE | HED NEVER A | MARRIED | B DA | TE OF BIRTH | i | | 9 AGE (In y | eors IF UNI | DER 1 YEAR | Hours | |
| | Female | Whi | T 100 | WIDOWI | | ORCED | 2 | r'eb | 1897 | | 61 | yrs. | 13 00/1 | 110015 | iviji. |
| 10o | USUAL OCCUPATION during most of works | N (Give kir ng life, eve | nd of work of an if retired | dane 10b. | | | STRY | | | or foreign o | | 12 | CITIZEN O | | COUNTRY |
| | MOORE Ho | usewi | fe | | At ho | me | | | | ton, D | •0• | | | USA | |
| 13. | FATHER'S NAME | n | | | | | 14 | MOTHER'S | | | | | | | |
| | James W. | Beav | | | | | | Sara | h C. | Cam | pbell | | | | |
| 15. {Yes | WAS DECEASED EVER | IN U.S. A fyes, grye wo | ARMED FOR ir or dotes of in 1710 | CES7 16. | SOCIAL SECURIT | | NFORM | ant Opit | ~ / | 100 5 | 7+1 / | Address | 4401 | Hed | wh does |
| | No | No | ne | | Vone | | 9116 | obro | Z, - | 103==0 | 7th Av | e., cap | 1001 | TEGIT | gnus, |
| | 18. CAUSE OF DEAT | _ | | use per lii | ne for (a), (b), on | nd (c).] | | 1/- | 1.01 | | 11/ | | | | ETWEEN D DEATH |
| | PART 1 DEAT | IMMEDIAT | E CAUSE (o | ر کے ک | mges | 5+ IVI | = 1 | HER | 121 | | 7144 | RE | | <u>' 7</u> | no. |
| | | | DUE TO | 10 | | 1 / | | 11 | | | and | -1 | | | . 0 |
| | Conditions, if on gove rise to in | |) (6 | | ENA | <u> </u> | -17 | 164 | RE | | 4CUT | 1=) | | | Up. |
| | couse (a), stating t | | DUE TO | 10 | lan! | cala | 111 | 4.1 | 11/- | 10.00 | - die | 5000 | - 40 | | . 14 |
| 7 | tying couse lost | |) (c | 17K | FERLO | 3(1) | 146) | 110 | 175 | 14K] | 4/12 | C-1756 | 3 17/ | 74 Y | YRS |
| CATIO | PART II, OTHI | EK ŞIĞNIFI | CAN1 CON | DITIONS | ONTRIBUTING | O DEATH BU | TNOTE | RELATED TO | THETERM | INAL DISEAS | E CONDITION | I GIVEN IN I | PART I(o) I | PERFO YES | AÚTOPSY ORMED? NO |
| CERTIF | 20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A | UNDERLY CAUSE MEDICAL E | ING OF DEATH XAMINER) | 206. DES | CRIBE HOW INJU | JRY OCCURRE | D. (Ent | er noture of | injury in | Port I or Por | t 11 of item 18 |) | | | |
| 7 | 20c TIME OF INJURY | Month, | Doy, Yes | ar 20d II | NJURY OCCURRE | D 20e. Pl | ACE O | F INJURY (F | tome, form | , 20f (City | or town) | | (County) | | (State) |
| MEDICAL | Hour o.m. | | 19 | While of wor | Not white | ¬ · ^{fo} | ctory, s | treet, office | bldg., etc | -) | | | | | |
| _ | | 71) 74E.1. | . h. a. a î t. al | | | | N | AV | 10 | 61 | Sant | 5 1 | alah u | (1) | 4 1 1 |
| | 21. I certify that | | 6. | £. / | | | | | | 6 /, to 5 | | .5 ., 19 | | | |
| | saw the decease 22° SIGNATURE | ea alive | DITON | 144 | -/) | and that | geoin T | accurred | 013.4 | M, from | ine cause | s and an | the date | | a abave 25 DATE |
| | W | 1 |) = | - | Hee | r | | ATTENDING | D1 D1 | ED RECTOR [| STAFF PHYS | 6 | 7-5 | -61 | SIGNED |
| | 22c PHYSICIAN'S NAME (Type) | DAL | +EK | 2 6 | 3. SH | EER | | 7200 | MAK | Ibon | o Pike | - le | ASH. | 28 | DC. |
| 230 | BURIAL CREMATION | 4, 23b D | ATE THEREC |)F | | | | MATORY | | 23d LOCA | TION (City, to | wn, or coun | ly) | (Sto | ote) |
| | REMOVAL (Specify) Burial | 9/8 | /1961 | | Cedar | Hill (| ome | tery | | Suitle | and Rd. | . Pr.G | 90.Cc | o. Me | 1. |
| 24 | FUNERAL DIRECTOR S | SIGNATU | RE | - | ADDRESS | 4.4 | | _ | 250 REC | D BY REGIS | TRAR 2Sb. | REGISTRAR'S | SIGNATU | RE | |
| - | 11411 P | hom | chor. | a Cn | 5171 | 1/2 1 | K | 15 | DATE SE | P 6 7 | 31 | | 0 | | |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 10511 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY b. COUNTY MARYLAND Prince Goerges "arvland Prince Geo. b. CITY OR TOWN (If autside corporale fimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest fawn) Bowie d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION YES NO NAME OF First 4. DATE Middle last Month Year OF DEATH (Type or print) 19 67 ARTHUR BROWN September 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days House Months 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH Days WIDOWED [DIVORCED [3-27-1888 Male Col. yrs. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Clerk Maryland U. S. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Frown Viola Guy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (If yes, gave wor or dates of service) Nebtie Brown Bowie, Md. no none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular Renal Aug. 20 **DUE TO** Canditions, if any, which with Hypertension 1956 gave tise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD 19 WAS AUTOPSY PERFORMED? YES NO 🕞 none 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of Item 18.) 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20f (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m Nat while at wark all all work 21. I certify that I attended the deceased fram Aug. 20 1956 to Sept. 27 1961 that I last saw the deceased ____, and that death accurred at 9:25aM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) Lancaster Maryland 226 DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Igwn, or county) (State) REMOVAL (Specify) ASCENSION CAT. BOWLE. MARYLAND

WASHINGTON,

24g. REC'D BY REGISTRAR

2 9 '61

DATE SEP

24b. REGISTRAR'S SIGNATURE

arthur & House

VS A1S (4) 1SM 9/55

C

23. FUNERAL DIRECTOR'S SIGNATURE

eral director, be filed with

shauld

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carbon

remove

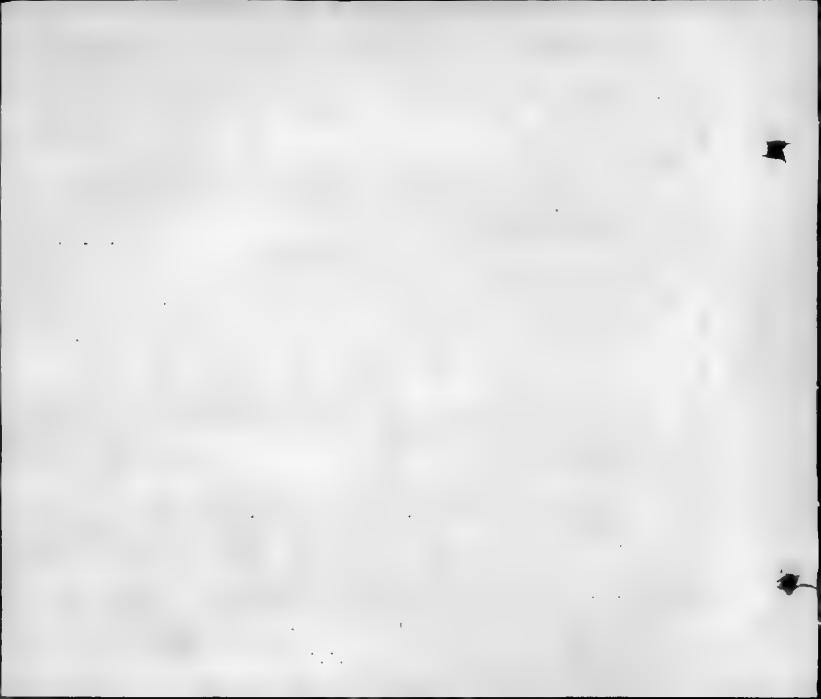
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certificate

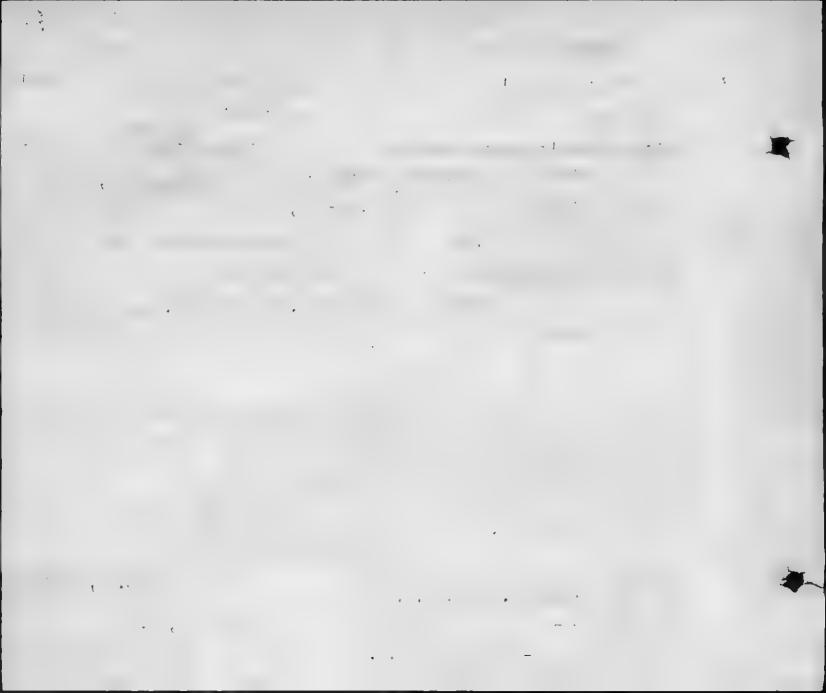
degrah

ofter death. Page 4



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY b. COUNTY Prince George s a. STATE b. CITY OR TOWN (if outside corporate limits. MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Oxon Run Hill Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) STREET ADDRESS e. IS RESIDENCE Apt 303 ON A FARM? refained re State E 2607 Southern YES NO TE George's General Hospital Avenue 4. DATE Yzar DECEASED the Robert (Type or print) Lawrence Brumback Jr DEATH 19 6] September & 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH F UNDER 24 HRS. last b rihdey) June 11, Male 1961 WIDOWED DIVORCED F Pages 1. 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) None working life, even if retired) None District of Columbia USA pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Lawrence Brumback Sr Joyce Ann Kite 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no or unkown) (Ifyes giva wer or detex of service) Robert None Brumback Sr. With same as 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c), I INTERVAL BETWEEN and in ONSET AND DEATH BILATERAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) in pencil cate should be r's Office as a burial-tr **DUE TO** Conditions, if any, which (6) gave rise to immediate cause DUE TO (a), stating the underlying Examiner PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,611 19. WAS AUTOPSY PERFORMED? ould be <u>گ</u> YES X NO -Medical WOR 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part I of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief I sage 3 s 20c. TIME OF NJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection 📆, Inquiry 😿 and in my opinion ā ō Natural causes death resulted from. Accident Suicide Homicide 1 Undetermined manner lease execute the cert should be forwarded PUNERAL DIRECT CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE AZD dad DEPUTY MEDICAL EXAMINER ... 1961 Sept. E E STATE OF THE S NAME (Type) JAMES I BOYD, M.D. Addr Address (Street, city, town, or county) [22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, 22b. DATE THEREOF (State) REMOVAL (Specify) Cedar Hill Suitland, Md. 240 g 24h REC'D BY REG STRAR | 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR SEP 7 Cirimon S. Kraus VS. A15ME Lee Funeral Home - Washington D.C. DATE 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



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10519

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| L | 10513 CERTIFICATE OF DEATH 10507 | | | | | | | | | | | |
|--|--|---|------------------|------------------------|---------|--------------------------------------|--------------|---------------|--------------------------------|----------|---------------|--|
| 1 | o. COUNTY Pr | ince Georg | es | MARYLANG | O FTATE | ence (Where deced | | | | Georg | , | |
| b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Cheverly 5 days 4 Lt.Rainier | | | | | | | | write RUR/ | e RURAL and give nearest town) | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street oddrook institution Prince Georges Gene | | | | al Hospit | | 1d. STREET ADDRESS 3252 Quienstorm D | | | ON. | | FARM? | |
| 3 | NAME OF DECEASED (Type or print) | Walt | | Middle T | Burkhar | dt Jr DEA | | Month Supt | , | / | Yeor 19 61 | |
| | male | 6 COLOR OR RACE | WIDOWED [| NEVER MARRIED DIVORCED | 25 Uc | t. 1919 | 9 AGE (I | | UNDER 1 YE | ys Hours | Min, | |
| 10 | during most of work | N (Give kind of work ing life, even if retired ployed | done 10b. KIND O | F BUSINESS OR IN | | CE (State or foreign | n country) | | 12. CITIZEN | OF WHAT | OUNTRY? | |
| 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME | | | | | | | | | | | | |
| L | Walter T | . Burkha | rdt, Sp | • | Mayn | e Uller | У | | | | | |
| 15 (Y | 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 16 yes, give wor or dates of service) 308-10-7050 Walter T. Burkhardt, SrDrive- | | | | | | | | | | | |
| Z | Conditions if any; which gave rise to immediate cause (o). He to Due to Due to Due to Due to Due to Course (o), stating the under-lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY | | | | | | | | | | | |
| IT FICATION | PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING D 206. DESCRIBE HOW INJURY OCCURRED (Finter pature of injury in Part II of item 18.) | | | | | | | | | | | |
| MEDICAL CERT | | | | | | | | | | | | |
| | 21. I certify that (I) (this haspital) attended the deceased fram. 1955 19 ta Sept 1961, that (I) (we) last saw the deceased alive an -1951 1961, and that death accurred at 3 M fram the causes and an the date stated above. | | | | | | | | | | | |
| | 226. DATE SIGNED ATTENDING A MED DIRECTOR D STAFF SIGNED SIGNED SIGNED PHYS D September 1, 1961 226. PHYSICIAN'S NAME (Type) Dr. L. Levitsky., H.D. 3108 Rhode Island Ave., Mt. Rainier, M. | | | | | | | | | | | |
| 23 | BURIAL, CREMATION REMOVAL (Specify) | N, 236 DATE THEREC | OF 23c N | NAME OF CEMETER | | | CATION (City | | | (Stat | | |
| Burial 9/5/61 National Mem.Park Falls Church Virginia | | | | | | | | | | | | |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. RECID BY REGISTRA'S SIGNATURE 25b. REGISTRA'S SIGNATURE ADDRESS 25b. REGISTRA'S SIGNATURE ATTUM 8. THANKS | | | | | | | | | | | | |

VR A1S (4) 1SM 9/59



TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnods PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. county by the and 2 death. Prince George's b. CITY OR TOWN (if outside corporate I mits. E. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RURA, and g ve neerest town) write RURAL and give nearest town) davs Suitland Cheverly d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address, d STREET ADDRESS a. IS RESIDENCE ON A FARM 1150 White Hall Street Prince George's General Hospital YES NO A completel 3. NAME OF DECEASED OF (Typa or print) DEATH September 19 196L Paul Rumham 6. COLOR OR RACE R PATE OF BRITE 9. AGE (In years , IF UNDER 1 YEAR, IF JNDER 24 HRS. 17. MARRIED [] NEVER MARRIED W last birthday) Months WIDOWED DIVORCED Mal.e physician 10a, USJAL OCCUPATION (G'va kind of work 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even it retired) ARMER FARMING 13. FATHER'S NAME please affending Harry Burnham and Sarah Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) ((If yes give wer or dates of service) BADEN, DISEY attending physician. 18. CAUSE OF DEATH lenter only one cause per line for (a). (b) HEART DISEASE RTERIOSCLEROTI IMMEDIATE CAUSE (a) DUE TO GENERALIZED ARTERIOSCLEROSIS DUE TO (a), stating the underlying cause last. PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO M CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of neury in Part I or Part II of itam IB.) 20%, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH After this detached for 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (C'ty or town) (County) (Stata) factory, streat, office bldg., etc.) While Not While 4-may be retaine, DIRECTOR: / 3 should be det at work at work ..., and that death occured at 12.15M, from the causes and on the date stated above 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. death, Park 11 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) TO FUNE director, p 23a. BURIAL, CREMATION, 1235. REGISTRAR 256. REGISTRAR'S SIGNATURE 25a. REC'D BY VR A15 (4) Funeral Home, Waldorf, 15M 9/60 DATE SEP Critur S. Henra



funeral should within 24 hours after in by the s 1 and 2 : TO HOSPA, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely/fine director, page 3 should be detached for use as tille burial-transit permit. Then please remove carbon papers: Page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | . 1 | 0515 | CERTIFICATE | OF DEATH | 1 | 1050 | 9 |
|---------|-------------------------------|------------------------------------|--------------------------------------|---------------------------|------------------------------------|-------------------------|---|
| | CE OF DEATH | | | | NCE (Where deceased live | | ce before admission |
| 0. 0. | Prince G | eorges | MARYLAND | e. STATE | D•C• | COUNTY | / |
| | ITY OR TOWN (if o | utside corporete limits, | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | V (If autside corporete limits, | write RURAL and give | neerest lown) |
| | wnte RURAL end gr enn Dale | | 1 months and | 7 | Tashington | L) | de de la companya de |
| | | | of in hospitel, give street eddress | d. STREET ADDRES | SS | | . IS RESIDENCE |
| GT. | enn Dale | Hospital | | 6 | 56 N.Y. Ave | N.W., AptlC | ON A FARM |
| 3. NA | ME OF | First | Middle | .ast | | Month Dey | Year |
| | CEASED or print) | Oha | rles L. | Burton | OF DEATH | 9 18 | 19 61 |
| 5 SEX | 6 | | | DATE OF BIRTH | | reers IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| M | ale | | WIDOWED DIVORCED | 2/13/89 | iest birthd | Months Deys | Hours 3 Min. |
| 10a. US | SUAL OCCUPATION | Y (Give kind of work | 106. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Co | ounty & State, or foreign cou | ntry) 12, CITIZEN C | F WHAT COUNTRY |
| done di | Retired | g life, even if retired) | Melvern Ice Cream Company | Llashir | ngton, D.C. | USA | |
| 13. FAT | THER'S NAME | | Company | 14. MOTHER'S MAIDE | | | |
| | Basil Bu | rton | | Anna l | Iardel l a | | |
| | | IN U.S. ARMED FORCE | | NFORMANT | Ad | Idress | |
| | nknoun | zgive werordetes of serv | | Aargaret E | . Burton San | me as # 2 | (Wife) |
| | | TH [Enter only one co | use per line for (e), (b), and (c)] | 8 | | LIN | TERVAL BETWEEN |
| | PART I. DEATH V | MAS CAUSED BY MEDIATE CAUSE (*) | Bronchogenic carcin | oma. left | lung, squamov | s cell 10 | NSET AND DEATH |
| | 177 | DUE TO | type | f | 01, 12 | | |
| Co | nditions, if any, | | T. | | | | |
| | ve rise to immediate | couse | | | | | |
| | , stoting the under | orlying DUE TO | | | | | |
| | | GNIFICANT CONDITION | ONS CONTRIBUTING TO DEATH BUT NO | RELATED TO THE TER | MINAL DISEASE CONDITION | GIVEN IN PART 1(a) | 19. WAS AUTOPSY |
| ĎĮ. | 444 | | • | | | | PERFORMED? |
| 2 300 | ACCIDENT WAS | ichopneumon | Ob. DESCRIBE HOW INJURY OCCURED. | (Fater nature of usu ov | in Park Lor Part II of item 18 | | TE TO NO [|
| GR OR | CONTRIBUTING [] | CAUSE OF DEATH | OB. DESCRIBE HOW INSORT OCCURED. | fema. Hardra or Hilary | in total as total in or notice ip. | , | |
| 1 | c. TIME OF INJURY | Month, Day, Yeer | 2Dd. INJURY OCCURRED 2De. PLAC | CE OF INJURY (Home, fo | erm, 1 20f. (City or lown) | (County) | (Stete) |
| MEDICAL | Hour e.m. | Monin, Day, 1661 | While Not While fector | ry, street, office bldg., | | (and a street | (515.5) |
| | p.m. | 19 | et work et work | 100113 | 0700 | 1/2 | |
| 21, | I certify the | t (I) (this hospital |) attended the deceased from . | …π\SÖ\òT ' | 4:18:5-, to9/18 | /9.1, 19 , | that (I) (we) la |
| sa\ | w the deceased | lalive on | 9/.18/61 19 mm, and that | death occured at] | RM, from the cau | ises and on the d | |
| 224 | . SIGNATURE | Aline / | 1.1 | ATTENDING | MED. STAFF | | 22b. DATE |
| | | Capt C | M. M. | | DIRECTOR PHYS. | | 9/15/61 |
| 220 | NAME (Type) | Moe Weiss | . M. D. | 22d. ADDRESS | Glenn Dale | | |
| | | | | A CONTINUE OF THE PARTY | Glenn Dale, | | |
| _REM | OVAL (Specify) | , 23b. DATE THERE | | JK CKEMATORT | 23d. LOCATION (Cit | | (Stele) |
| Bu | ırial | 9/22/61 | Glenwood | 1 | Washingt | | TAIDE |
| 24 FUN | VERAL DIRECTOR'S | SIGNATURE | M-TVA-DORES | 256, | REC'D BY REGISTRAR 256 | Orthur S. Traw | |
| and I | LASCH | 2 CIMENY | June 11110 | 7 DATE | FI FI OI | 21, 10par | |

VR A15 (4) 15M 9/60



TO HOSPITAL OR ATTENDING PHYSICIAN: The law equires then the denth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or altending physician.

TO FUNERAL PROCEOUS. After this certificate has been signed by the attending physician and completely the din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| 1 | PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where decesed lived, if institution? Residence before edmission) a. STATE b. COUNTY |
|---------------|---|--|
| | Prince Georges MARYLAND | a. STATE D. C. b. COUNTY |
| - | b. CITY OR TOWN (if outside co porate limits, c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outs'de corporata limits, write RURAL and give neerest town) |
| | Glenn Dale (rural) 1 yr., and 12 months | ittenshington It 7 X - i |
| , - | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give s reat address) | d. STREET ADDRESS I IS RESIDENCE |
| | | IN A FARM? |
| 15 | Glenn Dale Vospital | 614, N. St., N.W. YES NO X |
| 13 | DECEASED | Last 4. DATE Month Day Year OF |
| 1 | (Type or print) Irma - | Butler DEATH 9 25 1961 |
| 5 | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Devs Hours Man. |
| | Female Negro widowed Divorced | 10/4/20 last birthdey) Months Deys Hours Min. |
| 10 | De. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUS | TRY 11. B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| - 1 | one during most of working life, even if retired] Dome:stic Unknown | Ca TIS^ |
| | FATHER'S NAME | Ga . I JS |
| 1.4 | acce Mannall | 77 - 4 - Dod 7 |
| | OSES TETTELL WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. | Elsie Butler |
| | s. WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. | INFORMANT Address |
| | Unknown - 579-16-0292 | Decedent |
| | 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c).] | INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) Bronchopneumonia, | |
| | DUE TO | and the same of th |
| | 1 | |
| | geve rise to immediate ceuse | · — |
| | (a), steling the underlying DUE TO | |
| | ceusa last. (c) | TOT BLIATER TO THE STOLEN LIVE CONDITION OF THE RATE OF THE STORY |
| Ó | Pulmon rv tuberculosis minimal: lef | t pneumonectomy, 9/11/61; 19. Was autopsy Performed? YES NO |
| V | acuté pyelonephritis | |
| CERTIFICATION | 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUR | D. (Enter neture of Injury in Pert I or Pert II of Item 18.) |
| | | |
| WEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. Pl | ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) |
| AFD. | Hour a.m. While Not While to work at work | ctory, straet, office bldg., etc.) |
| 1 | 17 | 7/25/ 51860, to 9/25/ 1961, that (1) (we) last |
| | | |
| | | at death occured at |
| | 22a. SIGNATURE | ATTENDING MED STAFF |
| н | - wun | M.D. PHYS. DIRECTOR X PHYS. 9/25/1961 |
| Н | 22c. PHYSICIAN'S NAME (Type) ROD Mais C. M. D. | 22d. ADDRESS Glenn Dale Hospital |
| | NAME (Type) Noe Weiss, M. D. | Glann Dale, Ad. |
| 2 | 30. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER | OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| | REMOVAL (Specify) 9-30-61 Date N | among Washington D.C. |
| 3 | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE |
| 1 | Vill V. / 611-14. | S. L. L. DATE OCT 4 '61 Cirima S. Home |
| 17 | THE GUMMAN ME | ST. P. LIVE |
| | | |



ter deoth; Page 4 he funeral director, should be filed with TO HOSPITAL TRANSING PHYSICIAN: The low requires that the death certificate be executed within 24 hamony be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 at the registrar prior to buriol, cremotian, or removal, and in ony event within 72 hours after death.

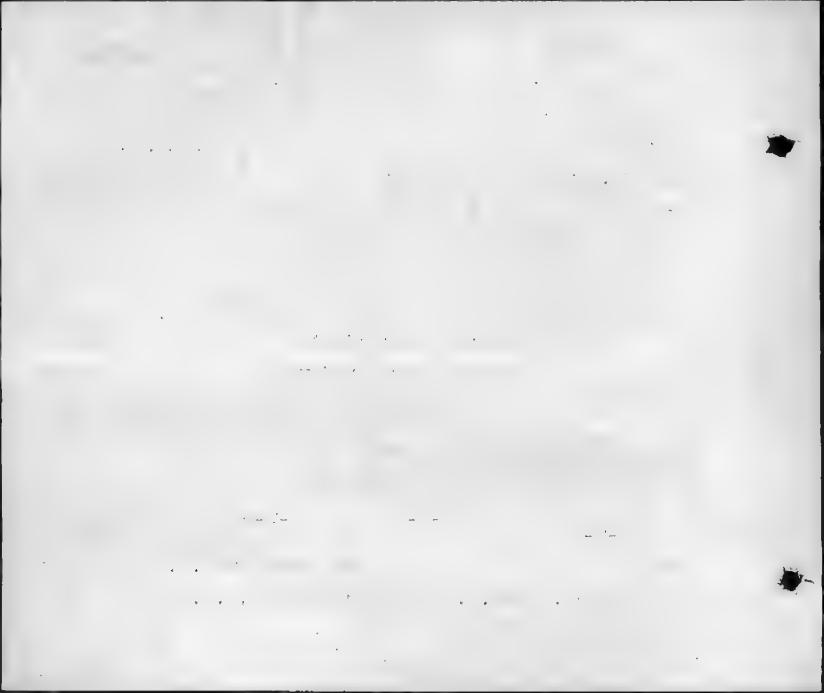
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10517

CERTIFICATE OF DEATH

| Reg ! | DE 100 | -1 |
|-------|--------|----|

| Ĵ | o. COUNTY Prince Geo. | MARYLAND | 2. USUAL RESIDENCE (V | | l. If institution b COUNTY | n Residence be | efore admis | sion |
|--|--|---|--|-------------------------------|----------------------------|----------------|-------------|-------------------|
| | b. CITY OR TOWN (If outside corporate limits, write | c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) | | | | | | |
| | District Hgts. | c. LENGTH OF STAY IN 16 | Washing | | mits, write KU | HAL and give | nearest fow | nj |
| | d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION | oddress) | d. STREET ADDRESS | | | 1 | e. IS RES | |
| | 7823 Gateway Blvd. | | 2219 Ke | arney Sa | L. N.E | | | A FARM? |
| | 3. NAME OF First | Middle | Losi | 4. DATE OF | Month | | | Yeor |
| } | (Type or print) Mrs. Elizabeth | Butterworth | 1 | OF DEATH | 9 | | | 1961 |
| S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE Only | | | | | | IF UNDER 1 YE | | ER 24 HRS. |
| | Female W widow | | | birthdoyl yrs. | Months Doy | Hours | Min, | |
| | 10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) | KIND OF BUSINESS OR INDUS Home | STRY 11. BIRTHPLACE (Stor | e or foreign country | | 12. CITIZEN | OF WHAT | COUNTRY |
| | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | | | | | |
| | Joseph Joynson | | Unknown | | | | | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. | | NFORMANT | | Addre | | · | - |
| | [Yes. manor unknown) (If yes, greater or develop | None R | obert Butt | erworth | Same | 1 d | | |
| | 18. CAUSE OF DEATH [Enter only one couse per le | ine for (o), (b), and (c)] | | | | [1] | ITERVAL BE | TWEEN |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) | bral Vascular | Accident | | | Q | days | DEATH |
| | 420.0 DUE 10 | | | | | | | |
| | Conditions, if ony, which) (b) Arteriosclerotic Heart Disease | | | | | | | rears |
| | gove rise to immediate DUE TO | | | | | | | |
| | lying couse last. (c) | | | | | | | |
| | PART II OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE CON | DITION GIVE | N IN PART 1(o) | 19. WAS | AUTOPSY ORMED? |
| ı | L C C C C C C C C C C C C C C C C C C C | | | | | | | NO 🗆 |
| | PART II OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER) | SCRIBE HOW INJURY OCCURRED |). (Enter noture of injury in | Port I or Port II of | item 18.) | | | |
| | | 100 | | | | | | |
| | A Hour o.m. White | Not while foo | ACE OF INJURY (Home, for tiony, street, affice bldg., et | m, i 20f. (City or lo kc.) | wn) | (Count | 7) | (Stafe) |
| | | rk ot work | | 1 0 6 | | | | |
| | 21. I certify that I attended the decease | | , 19, to 9- | | , 19 | that I last | saw the | decease |
| | alive on 9-17-61 19 | and that death | accurred at 7.33 | | | | | |
| | ACTUAL / / / / / | Linn. | 2244 W TI | ADDRESS (Street, o | | | _ | ATE SIGNE |
| | SIGNATURE | ICKUR- | MD. 7200 Marlb | oro Pike | S. E. | | 9-18 | 3-61 |
| | PHYSICIAN'S NAME (Type) Wolter B. Sheer | M. D. | Mashingto | n 28. D. | C. | | | |
| | 220 BURIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY OF | | 22d LOCATION (| City, lown, or | county) | (State | e) |
| | Buffia Techy 20 Sept. 6 | Ft. Linco | In Cem. | Blade | nsbur | g. Md. | | |
| | 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | wash. 240. REC | 'D BY REGISTRAR | 24b REGIST | RAR'S SIGNAT | A . | |
| | Lee Funeral Home 300- | AUII DU. N.E. | D.C. DATE | SEP 2 0 '61 | a | May . 1 | Casson. | |





EET. BALTIMORE 1. MARYLAND 10579funeral I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institutions Res donce before admission) LENGTH OF STAY IN 16 d. NAME OF HOSPITAL IS RES DENCE ON A FARM? YES -3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH 5. SEX IF UNDER 24 HRS AGE (In yea Months (Hours 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? most of working life, tousewi 13. FATHER S NAME 486 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, to unkown) (Hyesa vewerordelesafservice) 18. CAUSE OF DEATH [Inter only one couse per I ne for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve tise to immediate cause DUE TO (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Î(a) 19. WAS AUTOPSY Se PERFORMED? GENERAL NO 200. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from. to saw the deceased alive on... 220 SIGNATURE ATTENDING SIGNED MED. STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) CREMATION. (Stete) 23a. 8URIAL, £ 3: REC'D BY REGISTRAR VR A15 (4) 2 5 '61

certificate

may be retaine DIRECTOR:

death. Page 4

15M 9/60

use

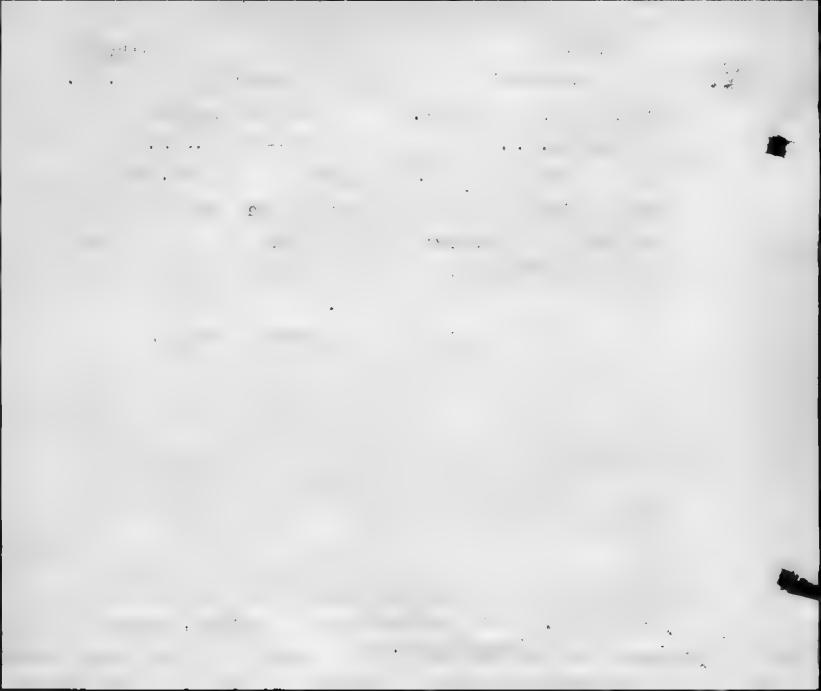
A ... 1

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | U520 | CERTIFICAT | E OF DEAT | 1. | 105 | 14 |
|--|--|-----------------------------------|-------------------------------|---------------------------|-----------------------------|-------------------------------|
| 1. PLACE OF DEAT | H | | 2. USUAL RESIDEN | ICE (Where daceesed | lived, If institutions Resi | denca bafora admission) |
| | Prince George | 9 MARYLAND | e. STATE Me | aryland | b. COUNTY Pr. | Geo. |
| | (if outside corporate limits, d give neerest town) | c. LENGTH OF STAY IN 16 | S. CITY OR TOWN | (If outside corporate lin | nits, write RURAL and gi | iva neerast fown) |
| 20.00 | est Hghts | 9 yrs. | H5.1 | lcrest Hei | ghts | |
| d. NAME OF HOSP | TAL OR INSTITUTION (If not | in hospital, give streat address) | d. STREET ADDRESS | | | e. IS RESIDENCE |
| 5807 | 25th Ave. S.E. | | 5807- | -25th Ave. | , S.E. | YES NO 2 |
| 3. NAME OF DECEASED | First | M ddle | Last | 4. DATE | Month D | ey Yeer |
| (Type or print) | JULIA | C. | COOKE | | Sept. 25th | 196/ |
| 5. SEX | 16. COLOR OR RACE 7. M. | ARRIED X NEVER MARRIED B | DATE OF BIRTH | 9. AGE | In years IF UNDER 1 YEA | |
| Female | Mark & . | DOWED DIVORCED | April 26. | | Months Day | s Hours Min. |
| 10e. USUAL OCCUPATION done during most of w | TION (Give kind of work 1 orking life, even if retired) | Ob. KIND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (Cou | nty & Stale, or foreign | country) 12. CITIZEN | OF WHAT COUNTRY |
| Housewi | | Domestric | Virgin | ia | | USA |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | | | |
| | John Kendell | • |] | Mary ? | | |
| 15. WAS DECEASED EN | VER IN U.S. ARMED FORCES? (If yas give wer or detector service) | | NFORMANT | | Address | |
| Tras, no, or unkown) | (1) Agy Al Ag Agt of Gold? Of Pet Ar Ce | | ry G. Cooke | Same a | as # 2 | |
| 18. CAUSE OF | DEATH [Enter only one couse | | , 1 | 1 1 | . 1 | INTERVAL BETWEEN |
| | TH WAS CAUSED BY: | tunentousine a | atorison Von | atic home | it disease | ONSET AND DEATH |
| 1 1/2 | IMMEDIATE CAUSE (a) _/ | a bottom to the w | 110110-0-001 | of Co I Com | I wason | Cay N_ |
| 7 | DUE TO | | | | | |
| Gonditions, if an | (0) | | | ~ | - | |
| (a), stating that | ALIE TO | | | | | |
| cause lest. |) (c) | | | | | |
| PART II. OTHE | R SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERM | INAL DISEASE CONDIT | TION GIVEN IN PART 1(a | 19. WAS AUTOPSY PERFORMED? |
| CAT | | | | | | YES NO X |
| PART II. OTHE | AS UNDERLYING 20b. | DESCRIBE HOW INJURY OCCURED | (Enter neture of injury in | Pert I or Pert II of Item | 18) | |
| OF EITHER, NOTIFY | MEDICAL EXAMINER | | | | | |
| 3 20c. TIME OF INJU | URY Month, Day, Year | | CE OF INJURY (Home, fer | | n) (County |) (Stata) |
| Hour a.m. | | While Not While fact | ory, straet, offica bldg., at | c.) | | |
| | | | 7-2-11 | 10/0 10 | 1 24 10/ | 1: 00 / 51 |
| | C. C. | effended the deceased from | | 1960, to del | · | that (I) (we) las |
| | sed alive on | Taks19.91., and that | death occured at | I M, from the | causes and on the | |
| 22e. SIGNATURE | 7-11- | 7314 | ATTENDING | MED. STA | | 22b. DATE SIGNED |
| | Many | 1000 M | | DIRECTOR PHY | S | 7/25/6 |
| 22c. PHYSICIAN'S NAME (Type | | J. Talbot. | 22d ADDRESS | 307 81 | ranch Ave | 2 2100 |
| | ION, 236. DATE THEREOF | 23c. NAME OF CEMETERY | OR CREMATORY | 23d. LOCATION | (City, town or county) | (State) |
| REMOVAL (Specify | Sept. 28 1 | 961 Cedar Hill | Cemetery | Suitland | i. Maryland | |
| 24 FUNERAL DIRECTO | R'S SIGNATURE | 2239004 | | | 256. REGISTRAR'S SIG | NATURE |
| Bluman | | -Good Hope Rd., S | DATE S | EP 2 8 '61 | Orthug 8 to | a |
| THE THE PARTY OF T | 1400117 | - CANTER DO | | A 10 0 1 | The production | ARMA. |



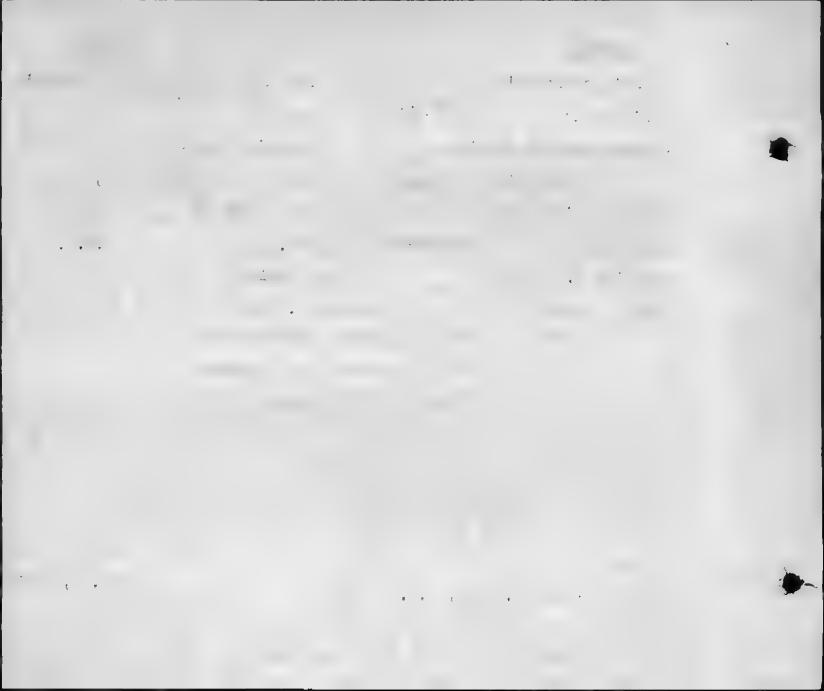
the 2 with മെട് 1. 86 A ansit p 0 Office æ dical Exputed by the crematic hief e 3 buri Pago to the OR: P slease execute the certificate, should be forwarded to the PUNERAL DIRECTOR: Its designated agent, prior 240 p VS. A15ME

AND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND **Division of STATISTICAL RESEARCH**

MEDICAL EXAMINER 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daggesed lived, If institutions Residence before edmission) e. COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN (.f outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporale limits, write RURAL and give pearest town) write RURAL and give naerest town) Dead on Riverdale arrival Oakton d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Leland Memorial Hospital 2009 YES NO 3 NAME OF M ddla DATE DECEASED OF (Typa or print) DEATH September 19 61 Cooper Thomas 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. last birthday) Months WIDOWED [DIVORCED August 10b. KIND OF BUSINESS OR INDUSTRY 10m. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) U.S.A Merchandise 3. FATHER'S NAME enn. 14. MOTHER'S MAIDEN NAME Dora Smith William A. Cooper 15. WAS DECEASED EYER IN U.S. ARMED FORCES? I 16. SOCIAL SECURTY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Marion L. Cooper Same None NO NONE ...

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Congestive Heart Failure IMMEDIATE CAUSE (a) **DUE TO** Arteriosclerotic Heart Disease DUE TO (a), stating the undarlying Diabetes several years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO IK 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of 'tem IB) PRIMARY | or CONTRIBUTING | 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED ' 20g. PLACE OF INJURY (Home, farm, 20f. (City or town) (Steta) (County) factory, streat, office bldg., etc.] While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy | , Inspection | X Inquiry 🔀 and in my opinion Natural causes Undetermined manner death resulted from: Accident Surcide Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE EXAMINER'S NAME (Type) BOYD, M.D. Address (Streat, city, town, or county) 22d. LOCATION (City, town, or country) MEMOVAL (Spacify)



PRINCE GEORGES

22

Months

(County)

e. IS RESIDENCE

YES NO X

19 61

Hours

INTERVAL BETWEEN

PERFORMED?

NO T-

22b. DATE

SEPT 61

(Stete

SIGNED

12. CITIZEN OF WHAT COUNTRY?

UNITED STATES

IF UNDER 24 HRS.

ON A FARM?

15M 9/60

4 7 Sn v

PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If Institution a. COUNTY b. COUNTY Prince George's Maryland Prince George's MARYLAND. death. b CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 write RURAL and give neerest town! Cheverly Landover Hills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress, e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Prince George's General Hospital 64th Avenue 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH Melinda Cox September Sue 6. COLOR OR RACE , 7. MARRIED NEVER MARRIED X AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH lest birthday) Months Days DIVORCED July 79 WIDOWED Female 100. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY tkT * ACE County - Jarn > foreign county) done during most of working life, even if retired) U.S.A. Cheverly, Ma Maryland None None 13. FATHER'S NAME Austin Eugene Cox
was deceased ever in i.s. armed forces? | 16, social security no. | 17 | informant Laura Louise Conrad (Yes, no, or unknwn) | (If yes give wer or deles of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a). ,b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Pulmonary Congestion and Edema IMMEDIATE CAUSE (e) DUE TO Subaortic Stenosis Conditions, f any, which Disease Hypopleria lt ve geva risa to Immediata cause DUE TO (a), steting the underlying Congenital Heart PART II. OTHER S. GNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE FEW MAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW IN, URY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) (IF EITHER, NOT FY MEDICAL EXAM NER) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED, ZOe. PLACE OF INJURY Home, farm, 201, (City or town) (County) Not While fectory, street, office bldg., etc.) Hour e.m. at work et work , 19.67, that (I) (we) last 21. I certify that (1) (this hospital) allended the deceased from. 19.C.f., and that death occured all. saw the deceased alive on Well from the causes and on the date stated above ATTENDING 22a. S.GWATURI STAFF SIGNED September 11, 1961 PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Milos A. Jansa, M.D. Varnum Street, Landover Hills, Md. 1 23d. LOCATION (City, town or county) 23a. BUR.AL, CREMATION, | 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Glasgow Pa. Pleasent Hill 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Hyattsville, Maryland SEP 13'61 Francis Gasch's Sons

MARYLAND STATE DEPARTMENT OF HEALTH

by the à .= completely carbon pue remove phy peen has the certificate hospital After this è DIRECTOR: After 3 should be detact death. Page 4 r. O FUNERAL I director, page 3 Page 0 5 8 VR A15 (4) 15M 9/60

t (** to be an int pe 10 34 .5. 1

fig.

in by the funeral director, and 2 should be filed with may be resonned by the haspital or attending physician.

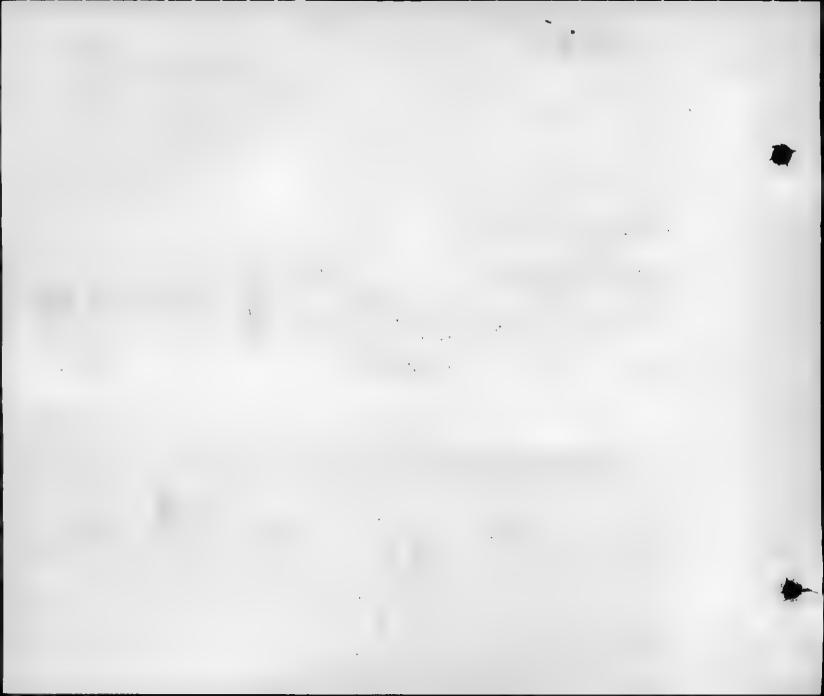
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Baard of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. OR ATTENDING INVSICIAN: The law requires that the death certificate be executed within 211 TO HOSPIT

VR A15 (4) 15M 9/59

rs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

| L | CERTIFICATE OF DEATH |
|--------|--|
| 1 | a. COUNTY PRINCE (TEAPGE'S MARYLAND) 2 USUAL RESIDENCE (Where deceased lived If institution Residence before definesion) a. STATE MARYLAND b. COUNTY TALLED |
| r | b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) |
| 1 | RURAL and give negrest town) RURAL - I A KOMA PARK 5 MOS, ST. MICHAELS |
| | d. STREET ADDRESS OR INSTITUTION HARDOR, ROAD. CREET ADDRESS HARDOR, ROAD. VES NOVE |
| 3 | NAME OF DECEASED (Type or print) WILLIAM (NMI) CRANMER 4. DATE OF DEATH SEPT. 4 196/ |
| 5 | S. SEX MALE 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH APRIL 24 1884 9 AGE (In years IIF UNDER 1 YEAR IF UNDER 24 HR WHOTE WIDOWED DIVORCED APRIL 24 1884 9 AGE (In years IIF UNDER 1 YEAR IF UNDER 24 HR 7. MARRIED NEVER MARRIED APRIL 24 1884 9 AGE (In years IIF UNDER 1 YEAR IF UNDER 24 HR 7. MARRIED NEVER MARRIED MEVER |
| 1 | USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) LAR PENTER 12 CITIZEN OF WHAT COUNTRY LAR PENTER |
| 13 | 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME |
| L | HENRY CRANNER EMMA HUSK |
| | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give war or doles of service) (Yes, no. or unknown) (If yes, give war or doles of service) (Yes, no. or unknown) (Yes, no. or unk |
| r | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] |
| l | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (G) CANCER PROSTATE WITH |
| | 177 DUE TO make a least |
| l | Canditians, if any, which (b) |
| | gave rise to immediate cause (o), stating the under- |
| ١. | lying cause last (c) |
| 4074 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(g) 19. WAS AUTOPS' PERFORMED? YES 10 NO |
| - TOTA | 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH |
| 1 C L | 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur a m. White Nat white at wark at wark at wark at wark at wark at wark. |
| | 21. I certify that (1) (this haspital) attended the deceased fram JULY 1960, to Sept 4 1961, that (1) (we) la |
| l | saw the deceased alive an 1961, and that death accurred a P.M. from the causes and on the date stated above |
| L | 22a. SIGNATURE 22b DATE |
| 1 | Czycat a South M.D. PHYS DIRECTOR BLAT 4, 1968 |
| | 22C. PHYSICIAN'S NAME (TYPE) A. SARAO, M.D. TAKOMA PARK, MD. |
| 2 | 23d. BUR AL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) EMOVALISHED TO SEPT 7, 1961 LIVET CENATION STANDED S |
| - | SURPAL DEPT 1, 1961 CENTRE SIGNATURE ADDRESS 1 250 REC'D.BY.REGISTRAR'S SIGNATURE |
| ľ | S. Hamfleton Harrison, A michael DATE |



TO HC. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Pose 4 may be retained by the hospital or attending physician. In FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. Illed in by the funeral director, page 3 should be detached for use as the burial-transit perm.t. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and event, within 72 hours after definition.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
10519

| 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) |
|---|---|
| Prince George Marylani | a. STATE Md. Prince George |
| b. CITY OR TOWN (if outside corporate rimits, c. LENGTH OF STAY IN | |
| write RURAL and give neerest town) | |
| Clinton | Brandywine |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | d STREET ADDRESS o. IS RES DENCE ON A FARM? |
| Southern Md. Hospital Center | Rt. 1 Box 187 |
| 3. NAME OF First Middle | Last 4. DATE Month Day Yaor |
| DECEASED (Type or print) | C1171-60 DEATH 9 22 1961 |
| Willoert M. | 8. DATE OF BIRTH 9 AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. |
| 5. SEX O. COLOR OR RACE 7. MARRIED NEVER MARRIED | lest birthdey) Months Deys Hours Min. |
| WIDOWED DIVORCED | April 3 1904 57 yrs. |
| 10a. USJAL OCCUPATION (Give kind of work done during most of working life, evan if relired) | |
| <u>Carpenter</u> construction | III. USA |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| - William Cutler | Berthal Muri |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 1 | INFORMANT Address |
| [Yas, no, or unkown] [Ifyasgivewerordalesafservice] 479 05 1298 | Edwin Paul Cutler, Takoma Park, Md. |
| 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), end (c).] | INTERVAL BETWEEN |
| DART I DEATH WAS CALISED BY | ONSET AND DEATH |
| IMMEDIATE CAUSE (0) A Cute ALY ME COL | ital infarction. I possible |
| T. J DUE TO | 5 1 1 1 1 1 1 1 1 1 1 1 1 T |
| Conditions, if any, which to the Tolke Mind | Vancular disease of day |
| gave rise to immediata ceuse | 7 |
| (a), stelling the underlying course last. | |
| 167 | NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY |
| PAKI II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO BEATH BUT | PERFORMED? |
| I A | YES NO N |
| PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT 2Da ACCIDENT WAS UNDERLYING 1 2Db DESCRIBE HOW INJURY OCCU OR CONTRIBUTING 1 CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINES) | RED. (Enter nature of Injury in Part I or Part II of Jem 18.) |
| | |
| 101= | PLACE OF INJURY (Home, farm, 2Df., City or lown) (County) (Stele) |
| Hour a.m. While Not While | factory, street, office bidg., etc.) |
| | 100 19 will 1000 2061 |
| 21. I certify that (I) (this hospital) attended the deceased from | district (|
| saw the deceased alive on | hat death occured at A.M. from the causes and on the date stated above. |
| 22e. SIGNATURE | ATTENDING |
| I Ille Marin | PHYS DIRECTOR PHYS. |
| 22c. PHYSICIAN'S | 22d/ ADDRESS D |
| NAME (Type) // ALFRED R. Z. | APM CZINTON, MYS |
| 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE | RY OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| PELLONAL (C(G-) | |
| burial 19/25/61 Immanuel Chu | |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| Huntt Funeral Home Waldorf, Mo | DATE SEP 27'61 arthur S. Kraue |
| | |

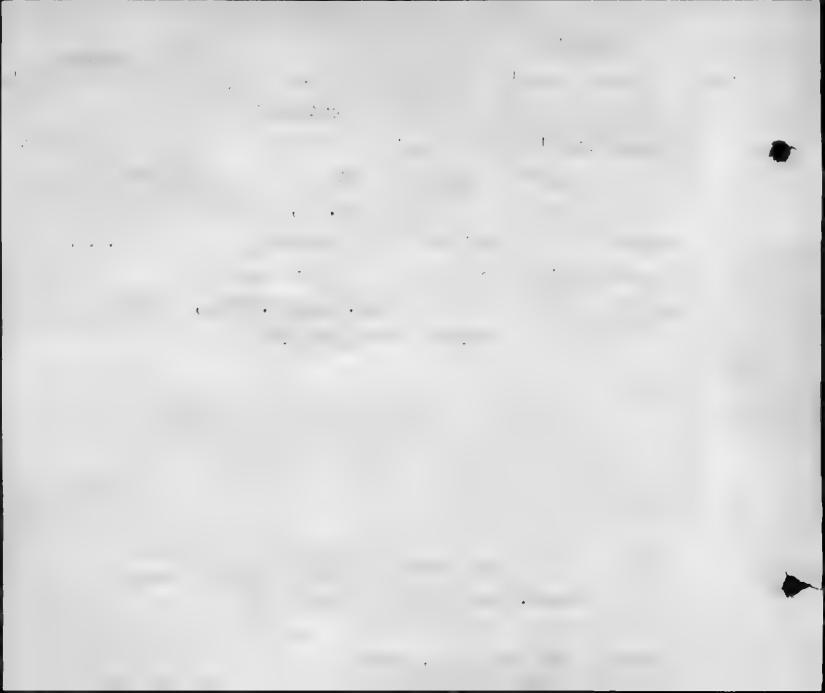


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 10526 with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence filed o COUNTY o. STATE b. COUNTY. MARYLAND funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe should d. NAME OF HOSPI e. IS RESIDENCE (I not in hospital, give street address) d. STREET ADDRESS ON A FARM? 24 YES NO A NAME OF DATE OF DEATH Middle Year DECEASED (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoyl Months WIDOWED [7] DIVORCED [YES. cample papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? pup ERK 22 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician į Ξ. remave WAS DECEASED EVER IN U 16. SOCIAL SECURITY NO 17 INFORMANT attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) **DUE TO** á Conditions, if any, which gned (b) gave rise to immediate DUF TO couse (o), stoting the underte has been signal-transit physician. lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY cremation, PERFORMED? J. YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) certificate 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year (County) (Stote) Ö factory, street, office bldg, etc.) Haur o.m. While Not while After this at work at wark p. m. detached far 21. I certify that (1) (this haspital) attended the deceased fram flass 1967_, that (I) (we) last saw the deceased alive an and that death occurred at M. from the causes and an the date stated above. FUNERAL DIRECTOR: 22a SIGNATURE 22b, DATE SIGNED ATTENDING PHYS STAFF DIRECTOR _ MD PHYS harned 70 22c PHYSICIAN'S 22d. ADDRESS NAME (Type 23a. BUR AL CREMATION 23b DATE THEREOF 23c NAME OF REMODVAL (Specific 0 250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 2 0 '61 VR A15 (4) DATE 15M 9/59



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S FOR STATE 2. USUAL RESIDENCE (Where deceased lived, If institution to de Port re admission) 1. PLACE OF DEATH Prince George's ral director, Page d for your files. Board of Health, Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give necrest town) write RURAL and give negrest town) Cheverly DOA Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) H. STREET ADDRESS e. IS RESIDENCE ON A FARM? George s 5114.70th Place Hospital retained he State B General YES NO TE 3. NAME OF Middie 4. DATE Month Yani DECEASED lhe (Type or print) King Davis DEATH September 61 Joseph 5 may be 5 SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Male WIDOWED [DIVORCED them 18. Give Pages 1, 2, g with form PM3. Page 5 in permit. File pages 1 and in any event within 72 b 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY I II BRITHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired U.S.A. Fisherman Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mery Wilherson Charles Louis Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Agnes G. Meyer, same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Carcinoma of the left lung IMMEDIATE CAUSE (a) Office burial-t r's Office s a burial-t removal, **DUE TO** Conditions, if any, which geve rise to immediate couse DUE TO (e), stelling the underlying PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? 8 NO T Pino 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the Chief A R: Page 3 sl 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stete) 20c TIME OF INJURY Month, Day, Year (County) fectory, street, office bldg., etc.) Not While While al work | el work CTOR: Pant, prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry DEPUTY MEDICAL Please execute the certifica 4 should be forwarded to 5 FUNERAL DIRECTO or its designated agent, p Undetermined manner Natural causes Accident [Suicide Homicide death resulted from CHIEF MED. CAL EXAM. NER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 9/4/61 DEPUTY MEDICAL EXAMINER EXAMINER 6 NAME (Type) Address (Street, c'ty, town, or county) James I. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMAT ON 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g 9/6/61 Joy Chapel Burial Hollywood. Marvland 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S S.GNATURE 23. FUNERAL DIRECTOR ADDRESS SEP 8 MA ... 1 W ... VS. A15ME W. Clarke Mattingley Leonardtown, Maryland DATE 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RESTON STREET, BALTIMORE 1, MARYLAND OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution e. COUNTY a. STATE b. COUNTY PRINCE GEORGES MARYLAND DISTRICT OF COLUMBIA b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ANDREWS AIR FORCE BASE 33 HOURS WASHINGTON A. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS ON A FARM? YES NO X USAF HOSPITAL, ANDREWS AFB 2137 SUITLAND TERRACE 3. NAME OF 4. DATE Dev Yes M ddle Month DECEASED OF сотре pape DEATH CONNIE (Type or print) LOU DEESE 196 9. AGE (n years IF UNDER 1 YEAR F UNDER 24 HRS. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED X and last birthday) Months Days FEMALE CAUCASIAN 18 SEPTEMBER 1961 DIVORCED 10s. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? physician ove 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) NONE NONE MARYLAND UNITED STATES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding MARVIN FARRELL DEESE KO PU YONG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unkown) | (Ifyes give wer or detes of service) att FATHER SAME AS ITEM #2 NO NONE 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) signed **DUE TO** (b) been gava rise to immediate cause **DUE TO** (a), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4), 19. WAS AUTOPSY certificate PERFORMED? 50 X NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I of Item 18) 2De. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20s. TIME OF INJURY 2Dd. INJURY OCCURRED, 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) Month, Day, Year fectory, streat, office bldg., etc.) While Not Whila Hour a.m. at work at work enminalh 21. I certify that (I) (this hospital) attended the deceased from 20 saw the deceased alive on 20 Sept 19.61, and that deat 19 41, 10 00 19.61, and that death occured at 19.8M, from the causes and on the date stated above. alive on 20 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. death. Page 4
O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S filed 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23E. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) å ë o D. C. Morgue Gremation 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE 2.5 VR A15 (4) 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where decessed lived, If institution, Resider a Certific edmission) 1. PLACE OF DEATH v is necessary, redirector. Page or your files. e. COUNTY e. STATE Prince George's MARYLAND Prince George! b, CITY OR TOWN (if outs'de corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete I mits, write RURAL end give neerest town) nin 24 hours after death. If any is necessive Pages 1, 2, and 3 to the fundand irrector m PM3. Rage 5 may be retained for your File pages fand 2 with the State Board of feet within 72 hours after death. write RJRAL and give peerest town) Dead on arrival Brentwood Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3800 Bunker Hill Road George's General Hospital NAME OF 4. DATE DECEASED OF Denise Dorine Detorie (Type or print) DEATH September 26 AGE (In years | FUNDER | YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months | Days September Female WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) of Columbia None District 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Joseph Detoric Jr Geraldine Campbell "in pencil in Item 18, caves Office along with form a burial-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT [Yes, no, or unkown] | (Ifyes give wer or dates of service) Frank Joseph Deterie Same Nο 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: Pneumonia [MMEDIATE CAUSE (+)_ certificate should be r's Office s a burial-t removal, a **DUE TO** Conditions, if any, which Amvotonia "pending" gave rise to immediate cause DUE TO Examiner's (a), stelling the underlying 6 writing the word "pend he Chief Medical Examir Page 3 should be used or to burial, cremation, c PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.4.1 19 WAS AUTOPSY CERTIFICATION 20m. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | IT MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) While Not While factory, street, office bldg., etc.) Hour a.m. ert ficate, w ded to the c CCTOR: Pa ent, prior to at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 😿 Inquiry 🕶 idease execute the certific I should be forwarded to PUNERAL DIRECTO If its designated agent, p death resulted from: Natural causes X. Undetermined manner Accident Suicide Homicide I CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE _ EXAMINER'S DEPU NAME (Type) AMES 226. DATE THEREOF BOYD M D Addr Address (Street, city, town, or county) 228. BURIAL CREMATION. REMOVAL (Specify) 240 8 DIRIAL FUNERAL DIRECTOR 24e REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE VS. AISME 5M 9/60

. IS RESIDENCE ON A FARM?

YES NO DO

Yeer

19 61 1F UNDER 24 HRS.

Hours

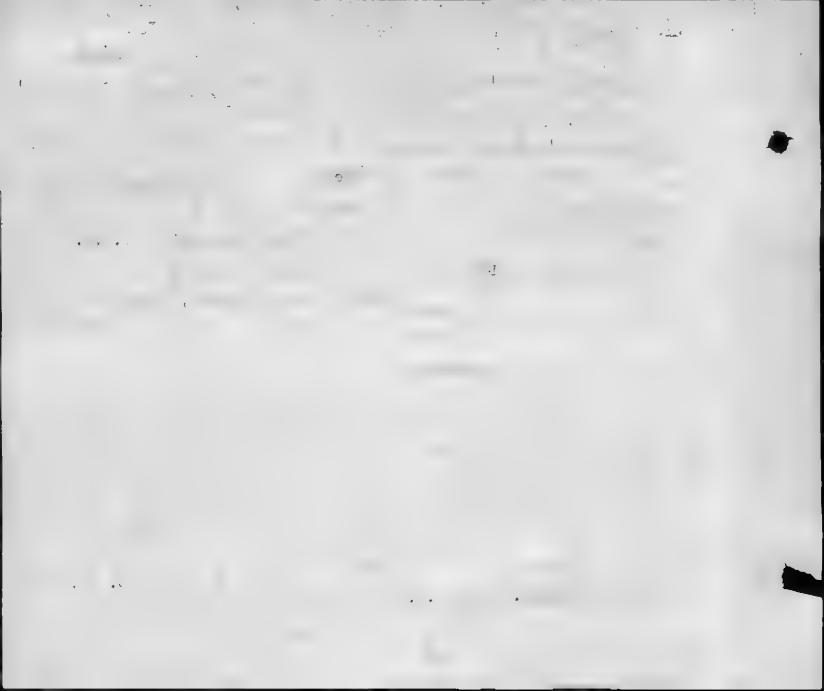
INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (Slelp)

and in my opinion

DATE SIGNED



Item 18 Film 297 10-2-Marmeand State department of Health Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Prince George's Prince Georges Maryland MARYLAND b. C.TY OR TOWN (if outs'de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly D. O. A. Seat Pleasant d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Boa ON A FARM? refained he State B Prince George's General Hospital 6807 YES NO X Street 3. NAME OF 4. DATE Month DECEASED age 5 may be reta 1 and 2 with the 5 72 hours after de OF (Type or print) Francis Howard DEATH Dore September 1819 6. COLOR OR RACE 7. MARRIED TREVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF JNDER 24 HRS. last birthday) Months Hours Male WIDOWED DIVORCED May 26, 1922 39 yrs. 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Stells or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Cashier Giant Foods Ohio U.S.A. pages within 13. FATHER'S NAME PM3. 14. MOTHER'S MAIDEN NAME Charles Dore Sr it. File payent Unknown 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address with for (Yes, no, or unkown) | (Hyesgivewarordatesofservica) Yes Mrs Betty Eileen Dore, same AS # 2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] r's Office along vs a burial-transit premoval, and in a ONSET AND DEATH PART I. DEATH WAS CAUSED BY HRREST IMMEDIATE CAUSE (a) in pencil should be Ingestion of Salicylates "pending" Examiner's (gave rise to Immediate cause DHE TO (a), stating the underlying ŏ cause last. ease execute the certificate, writing the word "per should be forwarded to the Chief Medical Exam FUNERAL DIRECTOR: Page 3 should be used its designated agent, prior to burial, cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1,0) 19. WAS AUTORSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) DEPUTY MEDICAL EXAMINER: PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20s. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or lown) (Steta) factory, street, office bldg., etc.) Not While Hour a.m. at work et work 21. I certify that I took charge of the remains described above, held an Autopsy 🕱 Inspection 🕱 Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide 1 Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED. CAL EXAMINER | DATE SIGNED SIGNATURE 9/18/61 DEPUTY MEDICAL EXAMINER **EXAMINER'S** James I. Boyd NAME (Type) Address (Street, city, lown, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Stelle) REMOVAL (Specify) Q40 9 Arlington Burial Ft Myer 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b REGISTRAR'S SIGNATURE VS. A15ME Lee Funeral Home, 300 4th N.E. Wash.D.C. 5M 9/60 arthur & Krous



STATI HEALTH DEPT,

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the huneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boare of Health, or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death. blay is necessary, IO DEFOIY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a

> VS. AISME 5M 9,60

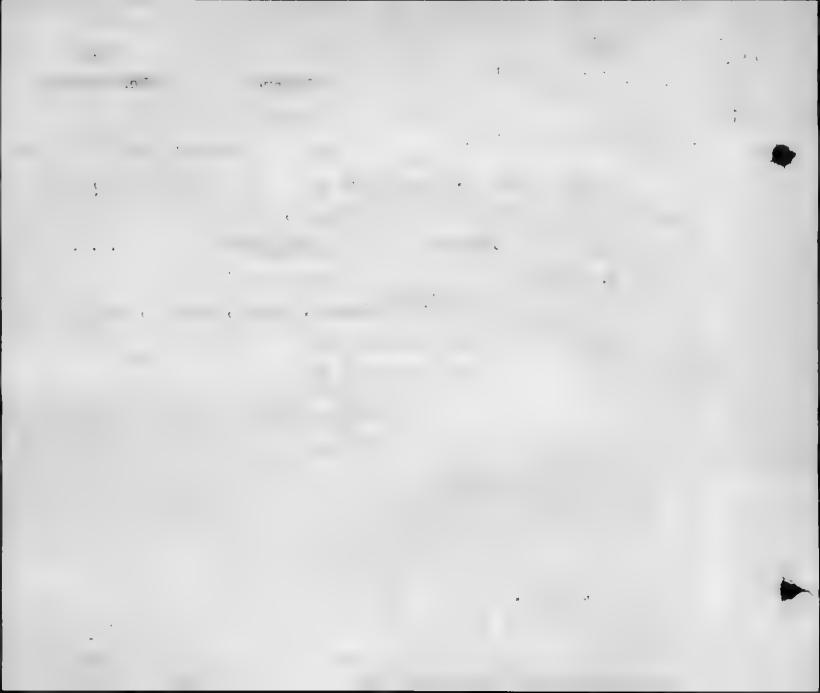
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10505

10531 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | PLACE OF DEATH | | 2. USUAL RESIDENCE (Where | decessed lived, if institution, Kesid | ence before adm n) |
|---------------------|--|---|---|--|---------------------------------------|
| | Prince George's | MARYLAND | Delaware | Kent Kent | 1:/ |
| | b. CITY OR TOWN (f outside corporate limits, | c. LENGTH OF STAY IN 15 | | rporata I mits, write Kuri kindigis | r dd . |
|) | Riverdale | 1 hour | Dover | 4. | |
| 4 | d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp | ital, giva streat address) | d. STREET ADDRESS | 1 1 | I e. IS RESIDENCE |
| L | eland Memorial Hospits | al | OPA South O | ATTOMORE ATTOMIC | ON A FARM? |
| 3. | NAME OF First | Middle | 974 South G | | A 1 |
| | [Type or print] | A1 | OF DEAT | | |
| 5. | SEX 6. COLOR OR RACE 7. MARRIED | Charles D | OMO OL | 9. AGE (In years IF UNDER 1 YEA | 3 19 61 R I IF UNDER 24 HRS. |
| | | | | last birthday) Months Days | _ |
| 10 | Male White WIDOWED 3. USUAL OCCUPATION (Give kind of work 10b, Kin | | July 27, 1900 Y 11. BIRTHPLACE (State or foreign of | | OF WHAT COUNTRY? |
| | ne during most of working life, even if retired) | | II. DIKITIFEACE (State of foreign o | | |
| 13 | Contractor Cor | nstruction_ | Massacheuse | ttsU.S | 3.A, |
| 113. | TATILLA 3 NAME | | | | |
| 15 | Fred E Dowd WAS DECEASED EYER IN U.S. ARMED FORCES? 16 S | OCIAL SECURITY NO. 17. 1 | Alexinia Sm | | |
| (Y | s, no, Minous (Ifyes give were relates of service) | LOCIAL SECURITY NO. 17. X | NYORMANT | Address | |
| | ORDER OF BERTHIE | Ro | land P. Trader | | Laware |
| | 18. CAUSE OF DEATH [Enter only one cause per in PART I, DEATH WAS CAUSED BY: | e for (a), (b), and (c). | | | NTERVAL BETWEEN ONSET AND DEATH |
| | IMMEDIATE CAUSE (a) | Coronary -occ | lusion | ne. | |
| | 4201 DUE TO | | | | |
| | Conditions, if any, which (b) | Coronary art | ery disease | | |
| | (a), steting the underlying DUE TO | | | | |
| | causa last. (c) | | | | |
| lő | PART II. OTHER SIGNIFICANT CONDITIONS CONT | RIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL DISEAS | E CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY PERFORMED? |
| | | | | | T GRI ORGIGO: |
| CATI | | | | | YES NO |
| RTIFICATI | PRIMARY or CONTRIBUTING | E HOW INJURY OCCURED. (E | inter nature of injury In Pert I or Pert II | of item 18.) | |
| L CERTIFICATION | PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | | | of item 18.) | |
| | PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. IN | NJURY OCCURRED 20e. PLA | | of item is.) I'y or town) (County) | |
| MEDICAL CENTIFICATI | PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | NJURY OCCURRED 20e. PLA | CE OF INJURY (Home, farm, , 20f. (C | | YES NO |
| | PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While While | NJURY OCCURRED 20e. PLA | CE OF INJURY (Home, farm, 201. (Cory, street, office bldg., etc.) | ity or town) (County) | YES NO |
| | PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While a.m. p.m. 19 | NJURY OCCURRED 20e. PLA | CE OF INJURY (Home, farm, ory, street, office bldg., etc.) | ity or town) (County) | YES NO (Stete) |
| | PRIMARY G or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year You in the street work with the street work. 21. I certify that I took charge of the remains | NJURY OCCURRED 20e. PLA Not White fects at work | CE OF INJURY (Home, farm, ory, street, office bldg., etc.) | n [nqu'ry], an | YES NO (Stete) |
| | PRIMARY G or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While at work 21. I certify that I took charge of the remaindeath resulted from. Natural causes | NJURY OCCURRED 20e. PLA Not White fects at work | CE OF INJURY (Home, farm, 201. (Cory, street, office bldg., etc.) Id an Autopsy , Inspectio | n lnquiry and andetermined manner | (Stete) d in my opinion DATE SIGNED |
| | PRIMARY G or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Yold. It While at work 21. I certify that I took charge of the remaindenth resulted from. Natural causes | NJURY OCCURRED 20e. PLA Not White fects at work | CE OF INJURY (Home, farm, 201. (Cory, street, office bldg., etc.) Id an Autopsy | Ity or town) (County) In Inquiry and an indetermined manner | (Stete) d in my opinion DATE SIGNED |
| MEDICAL | PRIMARY G or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While at work 21. I certify that I took charge of the remark death resulted from. Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type) James I. Boy | NJURY OCCURRED 20e. PLA Not While at work airs described above, he Accident . Suici | CE OF INJURY (Home, farm, ory, street, office bldg., etc.) Id an Autopsy | In Inquiry an an Indetermined manner | (Stete) d in my opinion DATE SIGNED |
| MEDICAL | PRIMARY GO T CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While st work 21. I certify that I took charge of the remaindent resulted from. Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type) 3 ames I. Boy. BURIAL, CREMATION, 22b. DATE HERROF | NJURY OCCURRED 20e. PLA Not While at work airs described above, he Accident . Suici | CE OF INJURY (Home, farm, ory, street, office bldg., etc.) Id an Autopsy | In a linquiry and an indefermined manner liner 19/24/6 | (Stete) d in my opinion DATE SIGNED |
| WEDICAL MEDICAL | PRIMARY GO T CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While at work 21. I certify that I took charge of the remaindent resulted from. Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type) James I. Boy Burial, Cremation, 22b. Date Thereof REMOVAL (Spacify) 1. BURIAL, CREMATION, 22b. Date Thereof REMOVAL (Spacify) 1. Date Thereof | NJURY OCCURRED 20e. PLA Not While at work airs described above, he Accident . Suici | CE OF INJURY (Home, farm, 201. (Cory, street, office bidg., etc.) Id an Autopsy Inspection ide | In Inquiry an an Indefermined manner | (State) DATE SIGNED (State) |
| WEDICAL MEDICAL | PRIMARY GO T CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While st work 21. I certify that I took charge of the remaindent resulted from. Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type) 3 ames I. Boy. BURIAL, CREMATION, 22b. DATE HERROF | NJURY OCCURRED 20e. PLA Not While at work airs described above, he Accident . Suici | CE OF INJURY (Home, farm, 201. (Cory, street, office bldg., etc.) Id an Autopsy Inspectio ide | In Inquiry an an Indefermined manner | (State) DATE SIGNED (State) |



VR A15 (4) 15M 9/59

10532

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| | | | | | 0500 | |
|---|--|--|-------------------------------------|--|----------------------|--|
| | PLACE OF DEATH C. COUNTY Prince George | MARYLAND | 2. USUAL RESIDENCE (Whe | ere deceased lived. If institution Residual b. COUNTY | Losta (adkadaion) | |
| | b. CITY OR TOWN (If autside corporate limits, Write RURAL and give negrest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF ou | utside corporate limits, write RURAL and gi | ive nearest town) | |
| d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION | | o years | Annapolis | | | |
| | | d. STREET ADDRÉSS e. IS RESIDENCE ON A FARM? | | | | |
| | Sacred Hears | Home | 11 | V. Alle | YES NO V | |
| | NAME OF DECEASED (Type or print) Leanor | Manu | Duba | 4. DATE Month OF DEATH Sentember | Day Year 7 19 61 | |
| S | | RIED NEVER MARRIED | 8. DATE OF BIRTH | The second secon | YEAR IF UNDER 24 HRS | |
| X | emale white wipowi | | 5-13-1872 | lest birthdoy) Months | Days Hours Min | |
| 100 | JSUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) | KIND OF BUSINESS OR INDU | 1/4 # | ir fareign country) 12.CITIZ | EN OF WHAT COUNTRY? | |
| 32 | 7.7. home | | Maryland | L U. | <i>y</i> 1 | |
| 13. | 0 10 7 | | 1.4. | 4 4 | | |
| <u>.</u> | Joseph J. Turner | A D A L L A D A L A D A D A D A D A D A | Virginia NFORMANT | 2 Numtord | | |
| | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. | | | Address | 11 01 1 | |
| L | No | | Sacred Hears | Home, Hyattsvi | Ue, Md. | |
| | 18 CAUSE OF DEATH [Enter only one cause per lin | | | - 4 | INTERVAL BETWEEN | |
| | PART I DEATH WAS CAUSED BY: | RONARY THI | ROMBOSIS C/ | TYOCARDIAL INFARC | | |
| | DUE TO | | | | | |
| | Conditions if I winch) IN ARTERIOSCIERCIOS HEART DISEASE 8/18/10 | | | | | |
| | gove rise to mmediate DIETO | | | | | |
| | lying cause lost. (a) DIABETES NIELLITUS | | | | | |
| Z | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY | | | | | |
| ATION | PAGET'S DISEASE YES NO | | | | | |
| IFFC | 20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| CERTS | OR CONTRIBUTING I CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] | | | | | |
| 3 | 20c. TIME OF INJURY Month, Day, Year 20d. II | NJURY OCCURRED 20a. PI | ACE OF INJURY (Hame, farm, | 20f. (City or town) (C | (State) | |
| MEDICAL | Hour a.m. While at war. | PIOI WINE | ctory, street, office bldg , etc.) | | | |
| 2 | p. m. | | | | | |
| | 21 I certify that (I) (this haspital) attended the deceased fram. 47 | | | | | |
| | saw the deceased alive an 7 | 17_8_1 and that a | death accurred at $\angle \angle$. | M, from the causes and an the | 22b, DATE | |
| | 7(1.1 | .1. | M.D ATTENDING ME | | SIGNED | |
| | 22c PHYSICIAN S | erro | M.D PHYS DIR | RECTOR PHYS | 9-7-61 | |
| | NAME (Type) THENTAS | E CLLLINS | 355 | - H-7/NO | | |
| - | | | | | | |
| 230 | BURIA., CREMAT ON, 236 DATE THEREOF | 23c NAME OF CEMETERY C | OK CREMATORY | 23d LOCATION (City Town, or county) | (State) | |
| | purial 9-11-61 | | dral (em. | Baltimore, Ild. | | |
| 24 | FUNERAL DIRECTOR'S SIGNATURE | ADDRESS // / / / | | 8Y REGISTRAR 2Sb. REGISTRAR'S SIG | , , | |
| | Leonard 4. Kuch 5205 | Hondond Kd | DATESE | P 1 3 '61 Cinthun 8 : | Thurs | |



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

| | 10533 THE | ERTIFICA | ATE OF DEATH | | | |
|--------|--|--|---|--|--|--|
| 1 | 1 PLACE OF DEATH O. COUNTY Preuse Georges | MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence people and ssion) o. STATE Maruland b. COUNTY Dr. Lee | | | |
| | b CITY OR TOWN (If outside corporate limits, write RURAL and give neares) taway | TH OF STAY IN 16 | c CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town) | | | |
| - | d. NAME OF HOSPITAL (If not up haspital, give street address) | | d. STREET ADDRESS + IS RESIDENCE | | | |
| | OR INSTRUTION See Georges Gen. | Hospital | A #7- Beauford Rel SET YES NO B | | | |
| 3. | 3. NAME OF DECEASED (Type or print) ORMA | Middle | Eberle DEATH Jept 27 1961 | | | |
| S. | S. SEX 6. COLOR OR RACE 7 MARRIED NE FEMALE Wh. To WIDOWED TO | EVER MARRIED | B DATE OF BIRTH 1890 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Min. | | | |
| 10 | 100 USUA. OCCUPATION (Give kind of wark dane 10b KIND OF I | BUSINESS OR INDU | OUSTRY 11, BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY | | | |
| | HOUSEWIFE DOM | estic | MARY/AND 4.5.A. | | | |
| 13 | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | | | |
| 15 | IS WAS DÉCÉASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SE | CURITY NO 17 F | INFORMANT Address Salar As | | | |
| | (Yes, no. or unknown) (If yes, give war ar dates of service) 578-1 | 12-2947 | Kenneth A. Ebenle # 2 | | | |
| Γ | 18. CAUSE OF DEATH [Enter only one cause per line for (a), | (b), and (c).] | INTERVAL BETWEEN ONSET AND DEATH | | | |
| | IMMEDIATE CAUSE (a) | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 12 LIKES | | | | |
| | Canditians, if any, which | rie Pa | gelouparte 6-8 yr. | | | |
| | gave rise to immediate cause (a), stating the under. lying cause lost. | tensur | earterios elevatic heart de 12 12 ys | | | |
| CATION | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE | TING TO DEATH BUT | OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AJTOPSY PERFORMED? YES \(\sum NO \(\sum \) | | | |
| CFRTIE | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | W INJURY OCCURRE | RED. (Enter nature of injury in Part 1 ar Part II of item 18.) | | | |
| DICAL | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OC. | CURRED 20s. PL | PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State factory, street, office bldg , etc.) | | | |
| ME | p. m. 19 at work at we | | | | | |
| | 21 I certify that (I) (this haspital) attended the deceased fram. 1926 to 27, 19 64 that (I) (we) last saw the deceased alive and 19 60, and that death accurred at M, from the causes and an the date stated above. | | | | | |
| | 220 PIGNATURE | Syr, and mar a | 22b DATE | | | |
| | Heavy 70 Fou | rell | MED PHYS DIRECTOR DIRECTOR PHYS SOLAT 27 196 | | | |
| | NAME (Type) Sidy erg W. A | curly | 7200 marelow Pets SU Destruct felt 1 | | | |
| 23 | 230 BURIAL CREMATION 230 DATE THEREOF 230 NAI REMOVAL (Specify) 9-36-6/ W | ME OF CEMPTERY C | OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) | | | |
| 24 | | PRESS STORY | 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE | | | |
| 1 | Degueron mo. 1000 | 12 200 | DATE DEL 29'61 CITTURY & House | | | |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH L PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institu a. COUNTY b, COUNTY STATE Prince George's by the and 2 sideath. MARYLAND Maryland Prince George's b. CITY OR TOWN of outside corporate I mits. c. CITY OR TOWN (If outside corporele limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 write RURAL and give neerest town! Cheverly .⊑ ™ ৳ davs Fairmont Heights Pages ars afte d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Y Prince George's General Hospital 716 61st Ave. papers. 3. NAME OF 4. DATE Month Day DECEASED OF (Typa or print) DEATH Robert September AGE (In years IF UNDER I YEAR with 6. COLOR OR RACE 7. MARRIED T NEVER MARR.ED 5. SEX F UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED [Male Colored 10a. USJAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY RTHPLACE (County & State, or foraign country) done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no or upkown) (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO which gava rise lo immadiata causa DUE TO (e), stelling the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO F prior 20b. DESCR.BE HOW INJURY OCCURED. (Enter natura of njury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING | | OR CONTRIBUTING [] CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 1 20f. [City or lown] (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, straet, office bldg., etc.) White Not While Hour e.m. el work et work 19 196/ 10 NA 19. that (I) (we) last ., and that death occured at 6.22%, from the causes and on the date stated above saw the deceased alive on. 22b. DATE 22a SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHY5. death. Fage 4

TO FUNERAL 1

director, page 3

be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typer. Samuel Eastern Avenue, Washington 18, D.C. Sugar 234 SURIAL CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) /(State) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FMNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Children S. Hicke DATE

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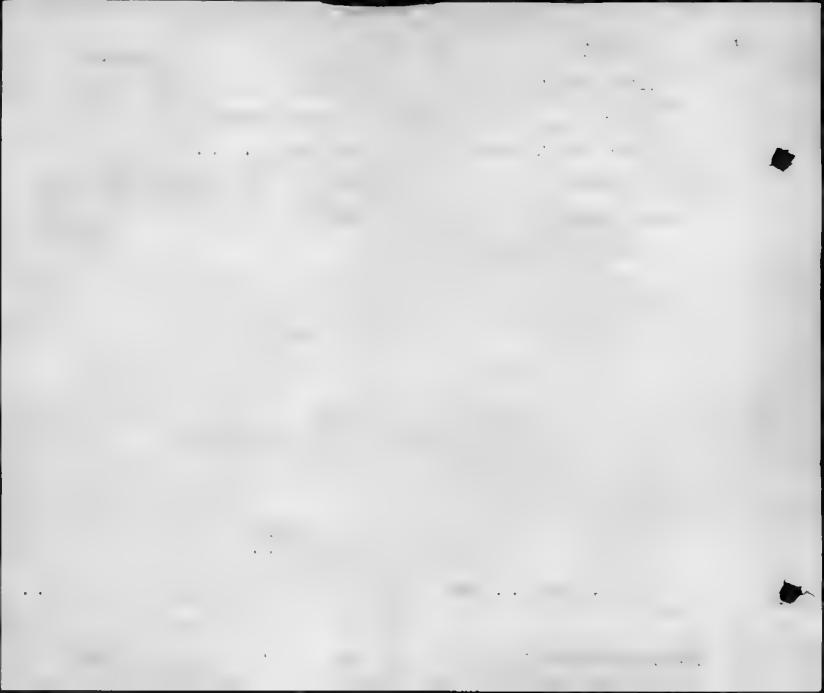
certificate ha

R: After this condetached for a

may be retain DIRECTOR:

H

pou



STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where dacaesed lived, If institutor, Residence before edm.ss.on) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, Maryland Prince George's MARYLAND c. LENGTH OF STAY IN 16 write RURAL and give nearest Jown) Dead on_ Cheverly d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) . IS RESIDENCE ON A FARM? Prince George's General Hospital 3602 Longfellow Street YES NO F DECEASED (Typa or print) Marie Facer
7. Married Never Married | 8. Date of Brith DEATH September 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days Hours Female White WIDOWED T D-VORCED -December 23,1889 71 yrs E ~ 5 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 1 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad Bur. Engraving USA Examiner Washington, D.C.

14. MOTHER'S MALDEN NAME 13. FATHER S NAME Ferdinand Estler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT Julia Newman Address (Yas, no, or unkown) | (Ifyesgivawarordatesofservica) Julia L. Yeabower No None No No No No Cause OF DEATH [Enter only one cause per l'na for (a), (b), and (c).] Same as INTERVAL SETWIEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: Acute Congestive Heart Failure . IMMEDIATE CAUSE (a) Hypertensive heart Disease Conditions, if any, which gave rise to immediate causa (e), stating the underlying PART II OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY Medical Ex should be u PERFORMED? NO T Obesety Weighed about 400 pounds

WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of I am 18.) 20a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) factory, street, office bldg., atc.) Whila __Not Whila_ at work at work 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion slease execute the certific t should be forwarded to FUNERAL DIRECTO It is designated agent, p death resulted from: Natural causes 🛖 Accident . Suic'de Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE September 2, 1961 BOYD, M.D. Addrass (Straat, city, town, or county)

| 22c. NAME OF CEMETERY OR CREMATORY | 22d. LOCATION (City, town, or country) NAME (Typa)

ADDRESS Wash. D.C.

Walter W. Deal Funeral Home 4812 Ga. Ave. N. W. DATSEP 5

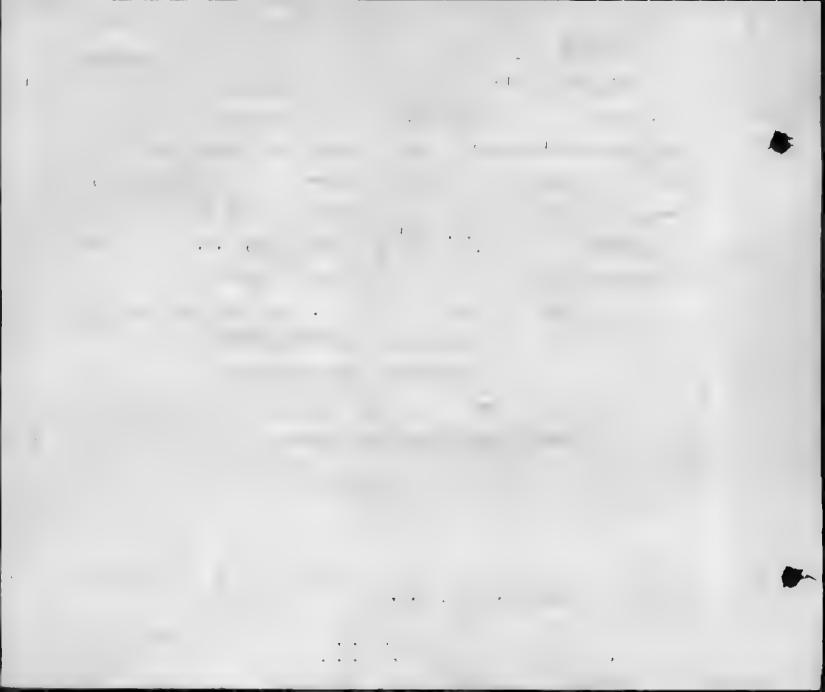
Fort Lincoln Cemetery Bladensburg Mary
ADDRESS Wash D.C. 240. REC'D SY REGISTRAR 246. REGISTRAR S SIGNATURE

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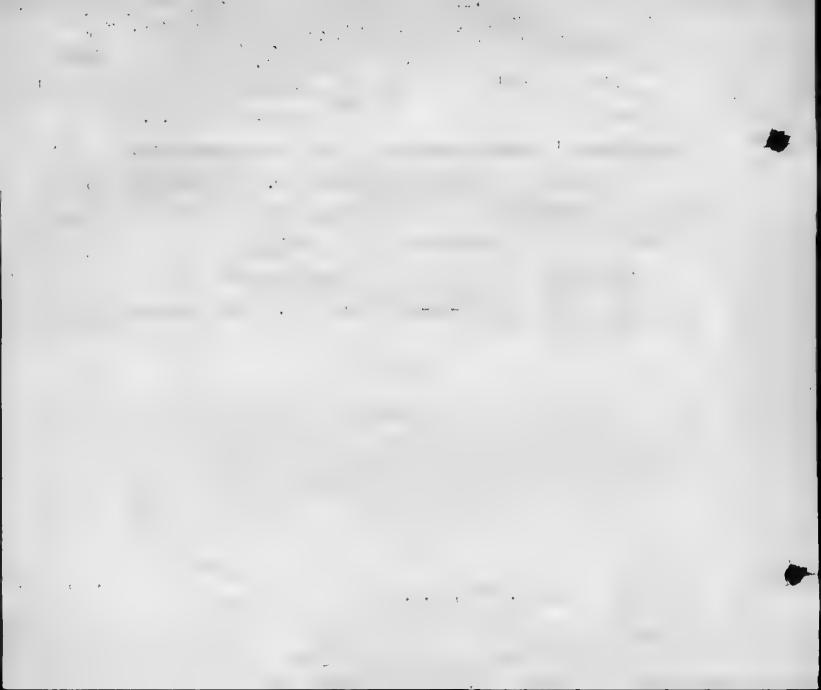
REMOVAL (Spacify)

Burial 23. FUNERAL DIRECTOR

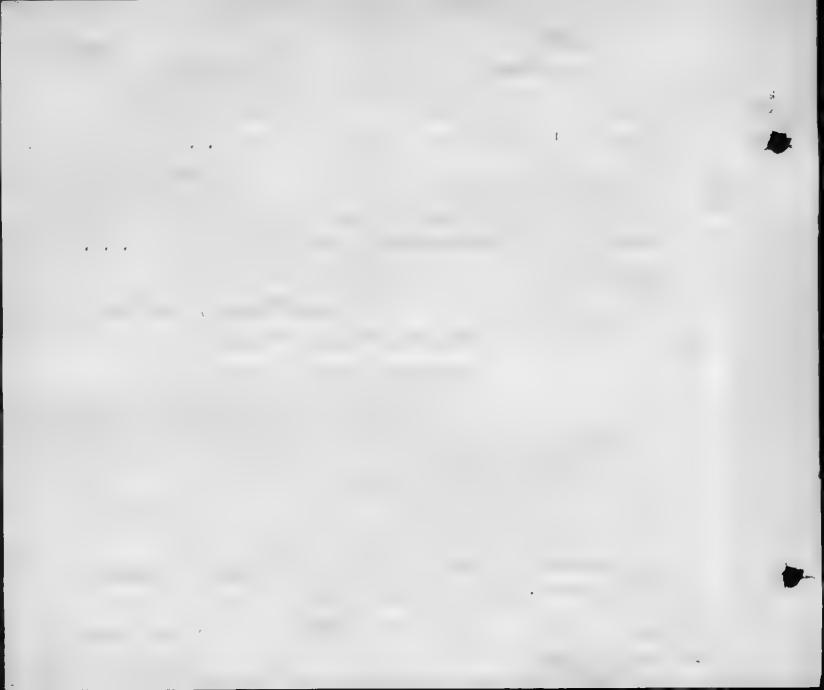


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10535 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0530 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions e. COUNTY necessary, ector, Page a. STATE b. COUNTY b. CITY OR TOWN (if ouls, do corporate limits, Maryland Prince George's es MARYLAND c. LENGTH OF STAY IN 16 k is neces director. write RURAL and give nearest town) Cheverly

Sad. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Washington, 28 D.C. d. STREET ADDRESS n. IS RESIDENCE ON A FARM? refained he State B Prince George's General Hospital 7340 Walker Mill YES NO T 3. NAME OF 4. DATE DECEASED OF the ser de (Type or print) DEATH Conrad Elmer September 19 61 aunge B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with last birthdey | Months | Deys Male WIDOWED [DIVORCED 55m. August 10, 1906 age 5 1 and 72 10 10a. USUAL OCCUPATION (G.ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) Mechanic Automobile Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File Conrad Faunce Emma Goddard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address [Yes, no. or unkown] [[fyesgivewerordetesofservice] 577-03-8846 Baulah M. Faunce Same as 18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), and (c).] INTERVAL BETWEEN Office along burial-fransit ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) r's Office s a burial-t removal, Office OCCLUSIUS CORONARY ATHEROSCIEROSIS Conditions, if env. which gave rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOPSY writing the word "
Chief Medical Ex
Page 3 should be u PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, lenter neture of injury in Part I or Part II of stem 18.1 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form,) 20f. (City or town) (County) (State) ICAL s certificate, wind to the C fectory, street, office bldg., etc.) While Not While et work | et work 21 I certify that I took charge of the remains described above, held an Autopsy N. Inspection D. Inquiry | and in my opinion MEDICAL forwarded death resulted from: Natural causes X Accident Sujcide Homicide Undetermined manner DIREC lease execute the city should be forward FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER designate DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 8, 1961 **EXAMINER'S** NAME (Type) JAMES BOYD M.D. Add Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. 22d. LOCATION (City, fown, or country) (State) 240 g 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kraus 5M 9/60



Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) director, Page or your files. pard of Health, e. COUNTY Prince George's . STATE District of Columbia MARYLAND b. CITY OR TOWN (if autside corporele limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 Board of h write RURAL and give neerest town) W ashington Cheverly DOA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE Prince George's General Hospital ON A FARM? 1326 G Street N.E retained he State B YES NO A death. NAME OF Middle 4. DATE DECEASED 3 to the OF the Alonza 196] (Type or print) Ferguson DEATH Sept with 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years HE UNDER I YEAR | IF UNDER 24 HRS. 2 with ges 1, 2, and 3 Page 5 may ss 1 and 2 wi in 72 hough Negro Male last birthday) Months WIDOWED [DIVORCED 10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stell in foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pages Construction pages 1 with:n Laborer U.S.A. Give Pag 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME it. File p Unknown Unknown r's Office along with form a burial-transit permit. File removal, and in any event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | [[fvesgivewerordetesofservice] Mrs Mamie Ferguson, same as 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), end [c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) Acute congestive heart failure in pencil DUE TO Cardiovascular renal disease (b) "pending" gave rise to immediate couse ease execute the cert ficate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a ris designated agent, prior to burial, cremation, or ren DUE TO (e), stetling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 4 20a. EXTERNAL CAUSE WAS 20b. DESCRISE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (Steta) Not While factory, street, office bldg., etc.) Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry | and in my opinion death resulted from: Natural causes Accident Surcide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 9/19/61 EXAMINEDS DEPU NAME (Tope) James I. Boyd Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 226. BUR.AL, CREMATION, 226. DATE THEREOF 22d, LOCATION (City, town, or country) REMOVAL (Specify) 240 g 1961 Calvary Baptist Church Farmville. Burial Virginia 23. FUNERAL DIRECTO 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME 5M 9/60 Cirilar S. Traus 15th. DATE SEP 21 '61



| 1 | | EPARTMENT OF HEALTH | |
|--|--|---|--|
| = - | DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICAT | s, 301 W. PRESTON STREET, BAL E OF DEATH | TIMORE 1, MARYLAND 10532 |
| gest mind there after the seat of the seat | I. PLACE OF DEATH e. COUNTY PRINCE GEORGES b CITY OR TOWN (if outside corporate I m./s, write RURAL and give neerest lown) ANDREWS AIR FORCE BASE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | DISTRICT OF COLU | limits, write RURAL and give nearest town) |
| completely fille | US AIR FORCE HOSPITAL 3. NAME OF DECEASED (Type or print) ALESSANDRA CAROL | | Month Dey Yeer SEPTEMBER 18 1961 |
| s carbon | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO DIVORCED DIVORCED | 10 SEPTEMBER 1961 | i birthday) Months Deys Hours Min. |
| physicial e remove l any eve | 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 13. FATHER'S NAME | MARYLAND 14. MOTHER'S MAIDEN NAME | 22. CITIZEN OF WHAT COUNTR UNITED STATES |
| and in pleas | MILLARD MURRAY FRANCIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1. | AUDREY WAGNER | Address |
| or use as the burial-transit personant. I prior to burial, cremation, or remov. | Conditions, if eny, which governies to immediate cause (e), stetling the underlying DUE TO cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCU | HOSPITAL CHART MIGHARY DELLETASES IN NOT RELATED TO THE TERMINAL DISEASE CON RED. (Enter neture of in, ury in Part I or Part II of its | YES X NO |
| R: After this detached to the detached to the alth | 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. Hour a.m. p.m. 19 et work et work | PLACE OF .NURY (Home, farm, 20f. (City or I fectory, street, office bldg., etc.) | |
| death. Page 4 may be ret O FUNERAL DIRECTO director, page 3 should be be filed with the State Der | 23e. BURIAL, CREMAT ON, 23b. DATE THEREOF 23c. NAME OF CEMETE | ATTENDING M.D. ATTENDING PHYS. D RECTOR PH 22d ADDRESS AF MC USAF HOSP, ANDR RY OR CREMATORY 23d. LOCATIO | TAFF HYS. IN 18 SEPT 61 EWS AFB, WASH 25 DC N (City, town or county) (Steta) |
| 용 및 등 호 VR A15 (4) 15M 9/60 | BURIAL 9-20-61 ARLINGTON N 24 FUNERAL DIRECTOR'S SUCHATURE ADDRESS | N.W. 250. REC'D BY REGISTRAR DASEP 2 1 161 | |

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W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased lived, if institutions has dente detore admission) 1. PLACE OF DEATH e. COUNTY Page Prince George's Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) director. write RURAL end give neerest town) Cheverly

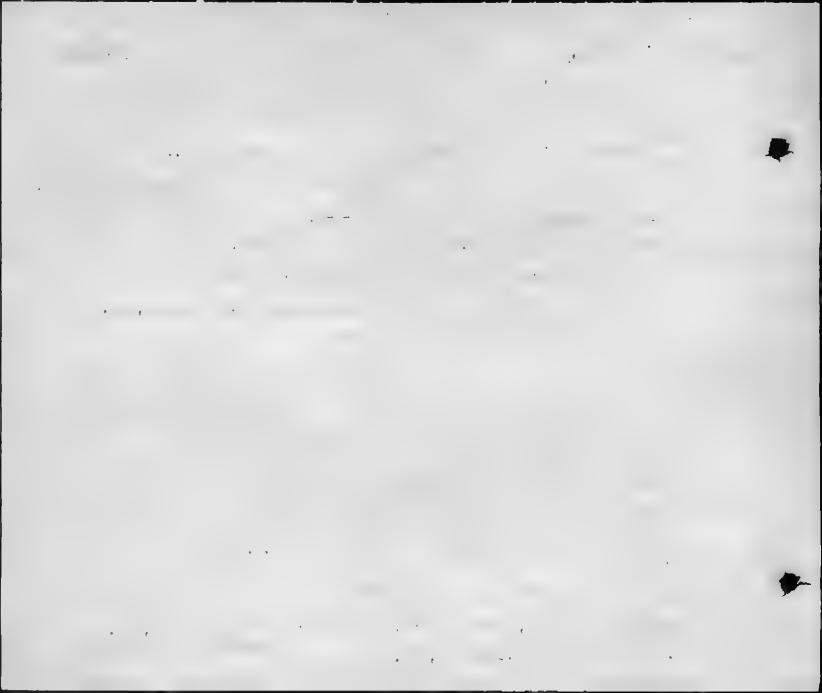
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Chapel Oaker retained for) he State Boar d. STREET ADDRESS n. IS RESIDENCE ON A FARM? Prince George's General Hospital 5800 Linden YES NO DECEASED the. (Type or print) DEATH Freeman 6. COLOR OR RACE 7, MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Days WIDOWED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Housewife U.S.A. Own home Georgea 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Mandy Wyck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewarordetesofservice) Charles L. Freeman, along with same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Acute congestive heart failure IMMEDIATE CAUSE (e) Office DUE TO Cardiovascular renal disease gave rise to 'mmediate cause m DUE TO (e), stating the underlying KS (C) nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 8) 19, WAS AUTORSY PERFORMED? lease execute tile certificate, writing the word should be forwarded to the Chief Medical E PUNERAL DIRECTOR: Page 3 should be r its designated agent, prior to burial, cremat 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part I) of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (State) fectory, street, office bldg., etc.) While Not While at work el work 21. I certify that I took charge of the remains described above, held an Autopsy inspection and in my opinion death resulted from: Natural causes 4 Accident Suicide ! Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER James NAME (Type) Address (Street, city, lown, or county) DEP 22a, BURIAL, CREMATION I 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) ₽40 840 VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

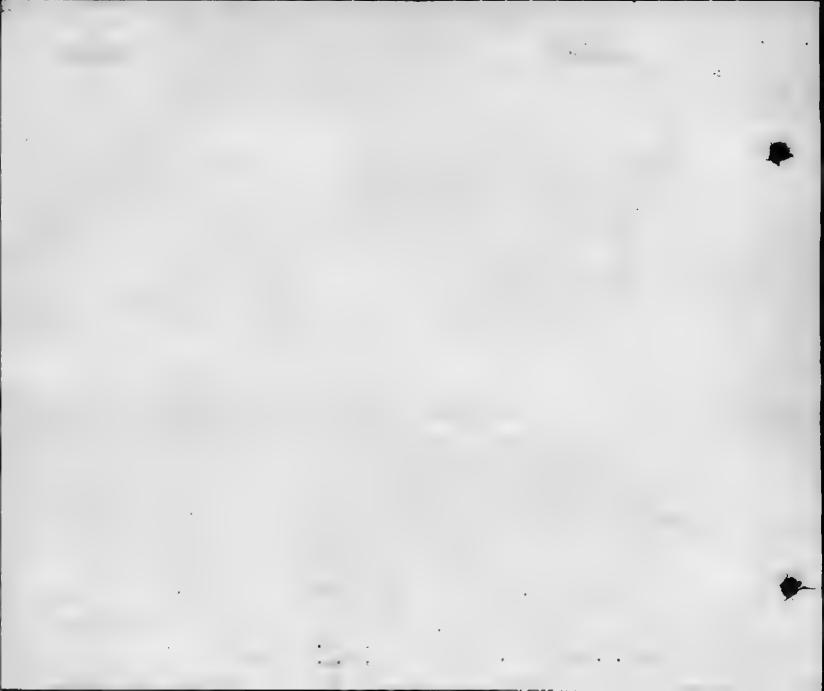
Division of STATISTICAL RESEARCH AND R



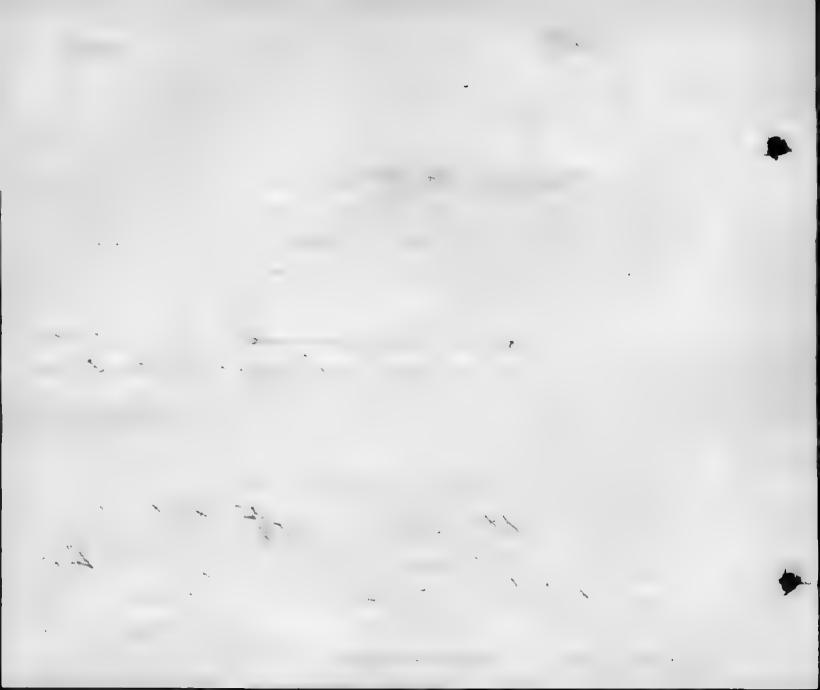
DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pluolis PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission) a. COUNTY Prince George's by the and 2 death. Prince George's MARYLAND Maryl and b. CITY OR TOWN (if outs de corporate amits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate l.m.ts, write RURAL end g've neerest town) write RURAL end give neerast town) Cheverly l day Hyattsville ď NAME OF HOSP TAL OR INSTITUTION (f not in hospital, a ve street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital YES NO Burlington Rd. 3. NAME OF DATE DECEASED (Type or print) September 11
AGE (In years FUNDER 1 YEAR 19 Jessie Gallaher 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BRTH F UNDER 24 HRS. ast b rthdey) Months Devs Hours DIVORCED 50 yrs. white W DOWED 🛣 1De LSUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 B ATHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Drug Store Clerk Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 50 Walter Gorden Lydia Raynolds 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | (If yes give wer or detes of service) Lydia Gorden Hyattsville. Md. hospital or attending physician, certificate has been signed by the 18. CAUSE OF DEATH [Enter only one couse per line for to., (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-tensit aftending Conditions, if any, which gave rise to Immediate couse DUE TO (e), steting the under ying the PART I OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 11011 19. WAS AUTOPSY PERFORMED? NO Iesn 20a ACC DENT WAS UNDERLYING [20b. DESCR BE HOW INJURY OCCURED (Enter neture of injury in Port I or Perl II of fem 18)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After I þ 1 2Dd. INJURY OCCURRED 2De, PLACE OF NJURY (Home, ferm, 20f. (City or rown) 2Dc. TIME OF INJURY Month, Dev. Yeer (County) (Slala) fectory, street, office bldg , etc.) Noi While While flour a.m. et work at work may be retained DIRECTOR: 3 should be del 21. | certify that (I) (this hospital) attended the deceased from. .. saw the deceased alive on. 22a, SANATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22c. PHYSICIAN'S 22d ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or co 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stele) 品売の番品 14, 1961 Ft Lincoln Cemetery Colmar Manor, Md. H 256. REC'D BY REG STRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cather & House . Gasch's Sons Hyattsville, Md. 15M 9/III



DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institution MERVISHD by than b. CITY OR TOWN (if only de corporate limits, prite RURAL end give naeres! town) c. CITY OR TOWN (If autside corporete limits, write RURAL and give neeres) town) e. LENGTH OF STAY IN 16 deal Wer d Gil 9 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) a. IS RESIDENCE ON A FARM? YES NO DECEASED OF (Typa or print) DEATH 5 SEX 9. AGE (In yours | IF UNDER I YEAR IF UNDER 24 HRS. last birthdey) Months IQa. USUAL OCCUPATION (Give kind of work physician 12. CITIZEN OF WHAT COUNTRY! done during most of warking life, even if retired) ainerd Ired Larme 14. MOTHER'S MAIDEN NAME? 13. FATHER'S NAME please aftending Unknown Unknown 15. WAS DECEASED EVER IN U.S ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (da ht.) Address (Yes, no, or unkown) ((If yes give wer or detes of service) Dorothum. -18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate ceuse DUE TO (a), stating the undarlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA PERFORMED? 92 NO prior 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of micry in Pert I or Pert I of Item 18.) (State) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Whila _Not Whita et work el work may be retain DIRECTOR: - 2-4 , 196 (, that (1) (we) last ... 19 6 I., and that death occurred at I.T.A.M., from the causes and on the date stated above. 22b, DATE 22a. S GNATURE SIGNED ATTENDING death. Page 4 mr TO FUNERAL I PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)Ronald Lanham. TO FUNE director, p 23c. NAME OF CEMETERY OR CREMATORY 1 23d, LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Ft. Lincoln Cemetery | Prince Georges County, Md. buria 2901 APPRIETH St. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) The S.H. Hines Co. Washington 9, D. . 15M 9/60 DATE SEP 2 6 '61



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: a. COUNTY b. COUNTY the I 2 MARYLAND FINE C b. CITY OR IOWN (if outs de corporete limits, pue c. LENGTH OF STAY IN 16 c. CITY OR TOWN, If outside corporete limits, write RURAL end give nearest town) Ć. write RURAL and give neerest town? ed d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, g've street address) IS RESIDENCE Mancr Nursing Home YES NO papers. 3. NAME OF complete Midda 75 DECEASED (Type or print) DEATH Marguerite A. 19 Gauthier within carbon B. DAIL OF LKI 9. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARR ED TIN VER MARRIEU I 1 physician and last birthday) Months Ema DIVORCED June 26. WIDOWED [76 гетоуе 10a. USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR NDUSTRY 11, BIRTHPLACE (County & Stete, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Housewife Own Home France 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending IUnk. Louise Cotin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordatesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for te,, (b), and ,c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Conditions, if any, which geva rise to immediate cause **DUE TO** (a), steting the underlying cause lest. certificate PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? 8 0 NO F use 208 ACCIDENT WAS UNDERLYING ___ 206 DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Pert I or Pert I of Tem 18.]
OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm, . 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.] Hour am While Not While et work et work DIRECTO 21. I certify that (I) (this hospital) attended the deceased from...... M. from the causes and on the date stated above saw the deceased alive on... and that death occured at 22a. SIGNATURE ATTENDING. SIGNED DIRECTOR PHYS. PHYS. death. Page 4 O FUNERAL page 22d. ADDRESS 22c. PHYS CIAN'S NAME ,Type) 23a. BURIAL, CREMATION, 23b. OR CREMATORY 23d. LOCATION City, town of county! REMOVAL (Specify) 10 Burial /61 Ft. Lincoln Colmar Manor,
250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Orthur & Kraus 15M 9/60 F. Gasch's Sons Hyattsville, Maryland DATE



| 20. | MAKILAND STATE DEPAKIMENT OF HEALTH—BALTIMOKE, 18 | | | | | |
|--|--|--|--|--|--|--|
| 4 35. 7 | 10543 CERTIFICATE OF DEATH Reg. Dig. No. 52 17 | | | | | |
| Poge 4 | 1. PLACE OF DEATH O. COUNTY O. STATE O. | | | | | |
| and | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) COILEGE PARK COILEGE PARK, | | | | | |
| the fund 2 should | d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 9701 NARRAGANSETT PKYY 19701 NARRAGANSETT PKYY 19701 NARRAGANSETT PKYY YES NO | | | | | |
| hin 24 hz | 3. NAME OF DECEASED (Type or print) Emily Gertrude GLEason DEATH September 18 1961 | | | | | |
| ed with pletely ers. Po | 5 SEX FCMALC 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE [In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Months Doys Hours Min. Min. Months Doys Hours Min. Min. | | | | | |
| execution components on population deoth. | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Howsewife Home Montreal, Canada U.S.A. | | | | | |
| sician a | 13. FATHER'S NAME TO SEPH Apperti Tean Lombardi | | | | | |
| ing physic is remove 172 hours | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ya. no. or unknown If yes, give wor or dates of service 679-03-5993 HVSbANd: EVEYEH GICASM - SAMC | | | | | |
| ottend ottend on pleas of within | 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) INTERVAL BETWEEN ONSET AND DEATH 3/12 + 411 | | | | | |
| that II by the lit. The ny even | Conditions, if any, which) (b) Carcinoma 1 Breast 31/2 + yes | | | | | |
| requires | gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO (c) | | | | | |
| he law physicia los beer ial-tran novol, o | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum_{\text{NO}} \sum_{ | | | | | |
| Ficote has but the but ar ren | 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER; 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) | | | | | |
| PHYSIC ol or off his certi use os emation | 20c. TIME OF INJURY Month, Doy, Year Not while of work | | | | | |
| After the spirit After the formula crisis. | 21. I certify that I attended the deceased fram August, 1961, to Scpt. 18, 1961, that I last saw the deceased alive on Scpt. 15, 1961, and that death occurred at 4:15AM, from the causes and on the date stated above | | | | | |
| A ATTEN d by the ECTOR: se deloc or to bu | ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE ACTUAL SIGNATURE | | | | | |
| A DIR hould b rrar prie | PHYSICIAN'S J. Frederick BARR M.D. 9-18-6 | | | | | |
| HOSPI' noy be r FUNER one 3 s | 220. BURIAL CREMATION, 22b. DATE THEREOF 22c-NAME OF CEMETERY OR CREMATORY 22d-20CATION (City, town) or country) (Stole) | | | | | |
| VS A15 (4) | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MA REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE | | | | | |
| 15M 9/55 | Ine | | | | | |



TO HOSP.

COR ATTENDING PHYSICIAN: The law require that the death pertificate be executed in 24 hours after death. Paye 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete. Bed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

LOFOO

| 10544 | | 10538_ |
|--|--|---|
| I. PLACE OF DEATH • COUNTY | | eesed I ved, finstitution: Residence before admission) |
| Prince George's MARYLAND | Maryland | Prince George's |
| b CITY OR TOWN (floutside corporate simils, c. LENGTH OF STAY IN 16 |) | rata limits, write RURAL and give nearest fown) |
| write RURAL and give neerest fown) Riverdale | Hyattsville | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS | e. IS RESIDENCE |
| Eugene Leland Memorial Hosp. | 8502 Nicholson St | ON A FARM? |
| 3. NAME OF First Middle | Last 4. DATE | Month Dey Yeer |
| (Type or print) Ethel | OF DEATH | 0 1), 1961 |
| | 8. DATE OF BRTH ,9. | AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| 737 - 771 | 1 | last birthdey) Months Days Hours M'n. |
| | 4-30-1876 RY 11, B RTHPLACE (County & State or fo | |
| dona during most of working life, even if retired) | 1 | U.S. |
| Housewife own home | Kentucky 14. MOTHER'S MAIDEN NAME | U.O. |
| | | |
| John L. Thurmond | Martha? | _ |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17- (Yes, no, or unknown) (Ifyesgivewerordetesofservice) | INFORMANT | Address |
| T | Mrs Lorene Little | Hyattsville Md. |
| 18. CAUSE OF DEATH [Enter only one couse per ine for (e), (b), end (c), PART I, DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Browcho- | Neumonia , | it, Luig |
| DUE TO | K. 1 | 111 |
| Conditions, if any, which \ (b) Advance | 42 + 6210-76/4 | Shoris Lasher |
| geve rise to immediate causa [a), stating the underlying DUFTO | | |
| cause lest. (c) | | |
| | OT RELATED TO THE TERMINAL DISEASE CO | ONDIT ON G. VEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208 ACCIDENT WAS UNDERLYING 1 206 DESCR. RE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINED | | YES NO |
| 208 ACCIDENT WAS UNDERLYING [] 206 DESCR.EE HOW INJURY OCCURED | D. (Enter nature of injury in Pert I or Part II o | of tem 18.) |
| OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] | | |
| 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200, PL | ACE OF INJURY (Homa, farm, 20f. (City | or town) (County) (State) |
| at week at week | ctory, street, office bldg., etc.) | |
| | man 1052 101 | 4 /2 pt 106/ 160/ 100/ 100 |
| 21. I certify that (I) (this hospital) attended the deceased from | | 4.25 pT, 196., that (1) (we) last |
| saw the deceased alive on J. 2 1 | t death occured at M. from | the causes and on the date stated above |
| 1 1 7 4 1 7 | ATTENDING MED. OLD PHYS. DIRECTOR | STAFF PHYS. T |
| 122c. PHYSICIAN'S | 22d. ADDRESS | 1400, VI |
| NAME (Type) Thomas M Hutchins | Landover, M | (d. |
| 23e. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY | | TION (City, lown or county) (Stata) |
| REMOYAL (Specify) | | |
| THE PROPERTY OF THE PROPERTY O | Cemetery Macc | |
| 24 FUNERAL DIRECTOR'S SIGNATURE HYDERESS | 250. REC'D BY REGISTR | a a a a a a a a a a |
| 1100 -1/100 - 11-01-11 | DATE OLS | |



DIVISION OF STATISTICAL RESEARCH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH a. COUNTY e. STATE by the and 2 death. MARYLAND b. CITY OR TOWN (if outs do corporate c. LENGTH OF STAY IN 16 호 fled in b Pages d. NAME OF HOSPITAL Dabers. NAME OF complete 72 DECEASED (Type or print) carbon 5. SEX 6. COLOR OR RACE and WIDOWED IX DIVORCED physician 10e. USUAL OCCUPATION (G ve kind of work гетоме 106. KIND OF BUSINESS OR INDUSTRY host of working life, even, if retired) 13. FATHER'S NAME Then please .= altending and 16 SOCIAL SPCURITY NO 15. WAS DECEASED EVER IN J.S. ARMED FORCES? law requires that the removal, (Yas, no, or unkown) | (If yas giva war or dates of service) physician. Dermit. 18. CAUSE OF DEATH [Enter only one ca se per lina for (a), (b), and (c). signed by PART I. DEATH WAS CAUSED BY: _IMMEDIATE CAUSE (+) **burial-transit** DUE TO affending Conditions, if eny, which peen (b) gave rise to immediate cause DUE TO (a), staling the underlying certificate has ceusa last. 110 as prior 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH for After this of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d. INJURY OCCURRED | 20d. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While Hour s.m. et work al work 19 may be retain DIRECTOR: 9 (the flospital) attended the deceased from. , and that death occured should saw ,the deceased alive on D ATTENDING 3 PHYS. M D FUNERAL 1 22d. ADDRES 22c. PHYSICIAN NAME (Type) 23a. BURIAL, CREMATION, 1 23b. REMOVAL (Specify) の苦島 EUNERAL DIRECTOR'S SIGNATURE ADDB#S VR A15 (4) 15M 9/60

2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) **b.** COUNTY c. CITY OR TOWN (If outside corporate I mits, write RURAL and give e. IS RESIDENCE ON A FARM? YES NO X OF DEATH AGE (In yeers last birthday) Months 12. CITIZEN OF WHAT COUNTRY MOTHER'S MAIDEN NAME INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e), 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18) 20f. (City or fown) (Stete) (County) from the causes and on the date stated above DATE 5 GNED DIRECTOR PHYS. LOCATION (City, town or county) (Sta e)





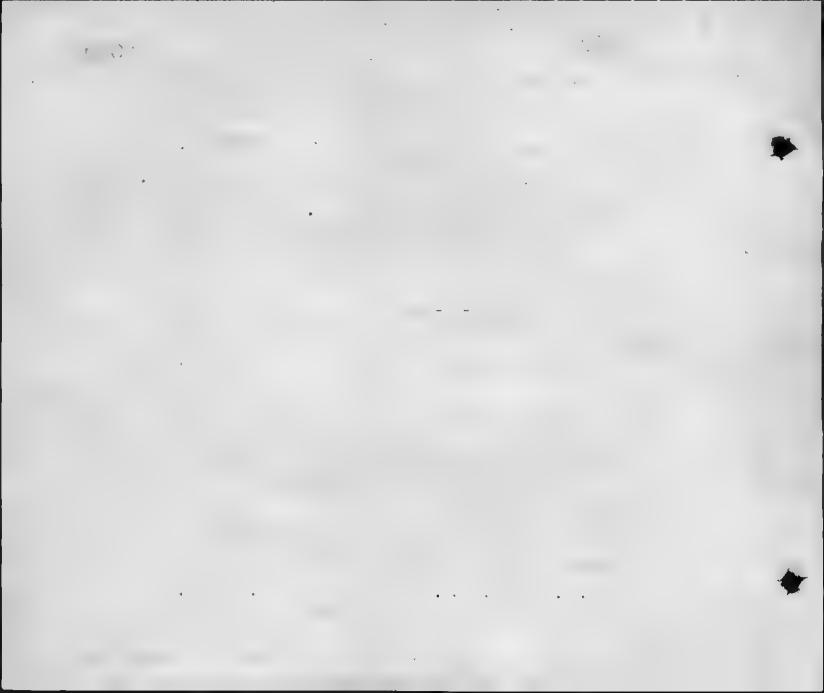
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 05 2 LAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before demission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN (if outside corporete 1 m ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, wr legRURAL and give nearest town) write RURAL end give neerest town) Brentwood Cheverly D.O.A. d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address) d. STREET ADDRESS . IS RES DENCE ON A FARM? George's General Hospital 4006 Utah Avenue YES NO A 3. NAME OF DECEASED September 23, 19 (Type or print) Chervl Ann Hammond DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) WIDOWED [DIVORCED Female 10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) District of Columbia None None pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ann Marie Kaske James Wados 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give wer or detes of service) James Wados Hammond, same as None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN along -transit ONSET AND DEATH I. DEATH WAS CAUSED BY. Pneumonia IMMEDIATE CAUSE (+) Office **DUE TO** burial Conditions, il env. which gove rise to immediate cause **DUE TO** (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(4), 19. WAS AUTOPSY PERFORMED? NO P P 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) ប៉ PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, | 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While el work el work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry 30. and in my opinion 0 death resulted from Natural causes | 🕏 Accident Suicide Hamicide | Undetermined manner beronial the certificate of the certificate of the property of CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER September 23,1961 EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEP . NAME OF CEMETERY OR CREMATOR Q40 p VS. AISME 6 167 SM 9/60



MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 **BALTIMORE 1, MARYLAND** FOR STATE **EXAMINER'S** I. PLACE OF DEATH is net. director. Percountilles. vour files. 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If ofiside corporate limits, write RURAL end two necrest town) write RURAL end give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? State retained 3 NAME OF DATE DECEASED the OF (Type or print) DEATH AGE (In year NEVER MARRIED may 2 will lest birthdey) and Months ? WIDOWED 3 DIVORCED [10b. KIND OF BUSINESS OR NOUSTRY 12. C TIZEN OF WHAT COUNTRY? Page 8. Give Pages 13. FATHER'S NAME MOTHER'S MAIDEN MAME DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unkown) | (If yes give war or dates of service) Office along with begin begin 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) **DUE TO** certificate should Conditions, if any, which gava rise to immediate cause 10 O **DUE TO** (a), stating the underlying S Examiner ö cause last. pesn (c) PART II. OTHER S GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? NO 0 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.) 20e EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief I FINERAL DIRECTION Page 3: 30° 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or lown) (County) (State) While Not While factory, street, office bldg., etc.) Hour n.m. at work at work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | I and in my opinion death resulted from: Accident. Natural causes Suicide Homicide Undetermined manner 9112 CHIEF MEDICAL EXAMINER designated 11111 ASSISTANT MED, CAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO DEPU NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 228, BURIAL, CREMATION, 1 226 DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) <u>G</u>40 H Ó RIVERVIEW CETETERY RIELEBURTAL 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 3524 COLUMBIA FUNERAL HOME arthur & Throng 5M 7/59



RYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution a. COUNTY a. STATE Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town) write RURAL and give negrest town) Landover Cheverly davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS ON A FARM? Prince Georges General Hospital 2510 Virginia Ave. YES NO 3. NAME OF Year DECEASED DEATH 30 61 (Type or print) Hartlev Sept. 19 Florence 6. COLOR OR RACE 17, MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. 5EX lest brihday) Months Female WIDOWED DIVORCED Octa clan 10e. USUAL OCCUPATION (Give kind of work 10b, K ND OF BUSINESS OR NDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life, ever if retired) 13. FATHER'S NAME 14, MOTHER'S ding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknwn) (If yes-give war or deles of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). MMEDIATE CAUSE OT/3UG (a), steting the underlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)1 PERSORMED NO esn n 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED : 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work 1961, to 9 - 30 ..., 19 (6., that (1) (we) last 30...... 19 6./., and that death occurred al. 2.30 Alform the causes and on the date stated above. saw the deceased alive on... 🚀 22b. DATE 220 SIGNATURE STAFF SIGNED ATTENDING PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS Mt. Rainier. Md Hageage., M.D. director, p 23d. LOCATION (City, town of kounty 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 0 REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Health 15M 9/60 DATE



| 1 | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | | | | |
|--|----------|--|-----------------------------|--|--|--|
| 5 5 | | CERTIFICATE OF DEATH Reg. Pith No. C. | | | | |
| 8 5 4 | - | | 3 | | | |
| 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | PLACE OF DEATH COUNTY 2 USUAL RESIDENCE (Where deceased lived. If institution Residence below state Penna/ B. COUNTY B. COUNTY | Te adm sylan) | | | |
| ath, | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give necessary) c. CITY OR TOWN (If outside corporate limits, write RURAL and give necessary) | arest town) | | | |
| ofter de should I | | HUATIS VILLE: 4 VERS BB/BELLERAL Drecher | 1X - 3 | | | |
| 1 2 soft | | d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION | e IS RESIDENCE | | | |
| 8 | | NAME OF LAST FIRST WAY MIDDLE Drive | YES NO | | | |
| filled if | | NAME OF LAST STATE FIRST Middle Cook 4. DATE Month Do DECEASED (Type or print) HBS TINGS FILEFA TIMES DEATH STATE | Year 1961 | | | |
| ithin 2 | 5 5 | SEX 18 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR | IF UNDER 24 HRS | | | |
| rs. □ | | F WIDOWED DIVORCED DI | Hours Min. | | | |
| and coming poper | 10a | a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN C | F WHAT COUNTRY | | | |
| on jour | <u>_</u> | CHILD NIA MARYLAND G | SA | | | |
| corb offe | 13. | FATHER'S NAME | | | | |
| fical tysici ove ove ove | 15 | WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address | neyer | | | |
| certii ng ph e rem 72 h | {Yai | AND (If you grow or occupies of sarrice) N/A FAMER 33 TEFFREY D | 1 POESILE | | | |
| death Hendin please vithin | | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] | RVAL BETWEEN | | | |
| e d i wii | | PART I. DEATH WAS CAUSED BY: MENINGO MYELOCELE | ET AND DEATH | | | |
| the The | | DUE TO / | ***** | | | |
| s the d by mit. | | Conditions, if any, which) by ANDROCEPHALUS | | | | |
| gner in o | | gove rise to immediate couse (a), stating the under DUE TO | | | | |
| req ian. ian. insit ond | _ | lying couse lost. (c) | | | | |
| ysic bee troi | 0 N | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 9 WAS AUTOPSY PERFORMED? | | | |
| The phase has may | Ž. | SPASTIC TETRAPLECIA | YES NO | | | |
| AN: 1 inding icate icate ne bu | CERTIF | 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | |
| otto or, ion, | Ğ. | 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) | (Stote) | | | |
| Interpretation of the control of the | MEDI | Haur a.m. While of work of work of work | (41016) | | | |
| ospi ffer d fe | | 21. 1 certify/that 1 attended the deceased from 10 /26 1957, to 10/16 196/, that 1 lost so | w the decease | | | |
| Sche by Strice | | olive on 10 16 , ond that death occurred of 9 4M, from the causes and on the dol | | | | |
| det to to | | ADDRESS (Street, city or town, state) | DATE SIGNED | | | |
| P. P | | ACTUAL MILES KO MANDER M.D. 7309 KIGGS KD 9 | 116/61 | | | |
| OSPITAL OF The Property of the Control of the Contr | | PHYSICIAN'S DOSEPH J. MCDONALD NYATBUILLE 198 | | | | |
| OSP DNE DNE De 3 regi | 220 | D. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) | (Stote) | | | |
| moy I moy I bege | 1: | 34Righ 9/18/61 Hely Redeemer BALTIMORE | md. | | | |
| VS A15 (4) | 23 | FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE | te . | | | |
| 15M 10/57 | X | L. RADE 5305 HARFORD Rd, DATE SEP 20'61 Galler 04 | | | | |



Item 8 director, iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Reside o COUNTY b. CITY OR TOWN (If outside corporate limits, write (If outside corporate limits MONTH plants d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 4. DATE OF DEATH NAME OF Middle DECEASED (Type or print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 7. MARRIED last birthday) Months 10a. USUAL OCCUPATION (Give kind of work done 10b. 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) SSMA 13. FATHER'S NAME 16. SOCIAL SECURITY NO. INFORMANT Address 444 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate **DUE TO** couse (a), stoting the underate has been sig lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO | 20a ACCIDENT WAS UNDERLYING (]
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour O. m. While Not while 19 at work ot work 196 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at A.M. from the causes and an the date stated above. alive on TO FUNERAL DIRECTOR:)
Dage 3 shauld be detach ADDRESS (Street, city ar town, state) ACTUAL PHYSICIAN'S NAME (Type 22d LOCATION (City, town, or county) 220 BURIAL, CREMATION, 22c. NAME OF CEMETERY OF CREMATORY Cedar Hill (State) Suitland, 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SEP 2 7 '61 Lee Fineral "ome - washington D.C. arthur & King

gned

VS A15 (4)

15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 2. USUAL RESIDENCE (Where deceased lived If institution Regidence before admission) o. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM - Wes YES NO DATE OF DEATH Middle Yeor 196 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF lost birthdoy) Months Davs Hours DIVORCED | 12. CITIZEN OF WHAT COUNTRY INFORMAN INTERVAL SETWEEN DUE TO **DUE TO** WAS AUTOPSY

EDATE

Filed funeral CITY OR TOWN (If putside corporate limits, write pe BURAL and give negrest town 펄 NAME OF HOSPITAL (If not un hospital, give street address) INSTITUTION NAME OF Filled DECEASED (Type or print) 5. SEX 6. COLOR OR RACE campletely papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY deoth during most of working life, even if retired) puo carbon offer 13. FATHER'S NAME physician maye 2 attending ease 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) 酋 PART I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stoting the underbeen si lying couse lost. **burial-transst** 6 PART II. OTHER SIGNIFICANT CONDITI CONTRIDCTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE hos 200. ACCIDENT WAS UNDERLYING [20b. DESCRISE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur a.m. While Not while ot work of work 21. I certify that I attended the deceased fram. and that death occurred at 29 alive an. DIRECTOR: **ACTUAL** ATTACK BY LUNCO 3 should PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY page -RENOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE

PERFORMED? YES 🗍 NO

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) foctory, street, office bldg., etc.)

> 1921 that I last saw the deceased M, fram the causes and an the date stated above. ADDRESS (Street, city or town state)

22d. LOCATION (City, town, or county)

(Stote) 24b. REGISTRAR'S SIGNATURE

24n, REC'D BY REGISTRAR

Cirthur S. Kines

VS A1II (4) 1SM 9/S8

with director,

PLACE OF DEATH

a. COUNTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH with director 2. USUAL RESIDENCE (Where deceased lived. If institution R Nice)
o. STATE Naryland b. COUNTY Prince deborge s PLACE OF DEATH p. COUNTY 6 Prince George's MARYLAND unerol b. CITY OR TOWN (If outside corporate timits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town Riverdale d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General 6700 Patterson Street YES NO T NAME OF First Middle Last 4. DATE Month Year DECEASED Heits September Baby Girl ages (Type or print) DEATH 19 6 COLOR OR RACE 7 MARRIED NEVER MARRIED SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS pletely (last_birthday) Months Dovs DIYORCED | 9-2-61 N.B. yrs White WIDOWED [Female papers. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion 50 Eleanor Catherine Thormson David Clyde Heiss remave IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Mother as above altending pleose CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to he **DUE TO** þ Conditions, if any, which permit (b) signed gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost buriol-transit physician PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) certificate S 20c. T.ME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Month. Doy. Year 20d. INJURY OCCURRED (County) (Stote) 5 foctory, street, office bldg., etc.) o. m. While Not while of work of work haspital p. m 21. I certify that (I) (this hospital) attended the deceased from. 1966.1, that (1) (was last sow the deceased alive on ed by the DIRECTOR: 220 SIGNATURE 22b, DATE ATTENDING SIGNED STAFF PHYS. MED DIRECTOR be PHYS M.D FUNERAL DIR 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) BUR AL, CREMATION, 23b. DATE THEREOF 23c NAME OF CÉMETERY OR CREMATORY 23d ¿OCATION (City, town, or county) (State) REMOVAL (Specify) 0 DIRECTOR'S SIGNATURE ODRES 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR Circling S. House VR A15 (4) DATE SEP 1 3 '61 Admin's sta 15M 9/59 3 XI

that the death



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 10554 CERTIFICATE OF DEATH eral director, be filed with 2. USUAL RESIDENCE (Whereydeceased lived If institution Red days by Conission) death. Page PLACE OF DEATH · COUNTY b. COUNTY **MARYLAND** the funeral c b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negresistown) d. NAME OF HOSPITAL (IP not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle DATE OF Yeor Day filled DECEASED n 24 oges (Type or print) DEATH after death 19 6 COLOR OF RACE letely S. SEXO 7. MARRIED NEVER MARRIED DATE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI lost birthday) Months Days Hours DIVORCED [R ATTENDING PHYSICIAN: The law requires that the death certificate be executed popers. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 - RETUPLACE (State or foreign country) 12 CITIZEN OF WHATCOUNTRY? during most of working life, even if retired) and ban 72 h FATHER'S NAME 14 MOTHER'S MAIDEN, NAME physician ġ .⊆ remove a 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address A event attending p pleose any CAUSE OF DEATH [Enter only one couse per line for (o)n (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY.
IMMEDIATE CAUSE to and DUE TO ò permit, Conditions, if ony, which (b) may be retirined by the haspital ar attending physician TO FUNERAL DIRECTOR: After this certificate has been signed gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost, **burial-transit** ъ PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTGOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY cremation, PERFORMED? CAT YES NO 17 20g. ACCIDENT WAS UNDERLYING | 10b. DESCRIBE HOW INJULY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) ‡ use as the ta burial, 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while 19 of work of work detached far prior 21. I certify that (I) (this haspital) attended the deceased from that (I) (we) last Health saw the deceased alive and and that death accurred at 30 M, fram the causes and on the date stated above 22o SIGNATUR ATTENDING MED DIRECTOR STAFF PHYS. 3 should be M.D page 3 should be the State Boord at 22c. PHYSICIAN 22d. ADDRESS NAME (Type) TO HOSPITAL W.S. HUDSON 236 BURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) (Specify) he CEMERTRY MARYLAND 24 FUNERAL DIRECTOR'S SIGNATI 250 REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE 26 VR A1S (4) WASHINGTO DATE 1SE 9/59



ADDRESS.

Wash.

CIDATE

4th NE

300

a. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (Stela)

(Stete)

Va

12. CITIZEN OF WHAT COUNTRY?

Days

U.S.A.

[County]

256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

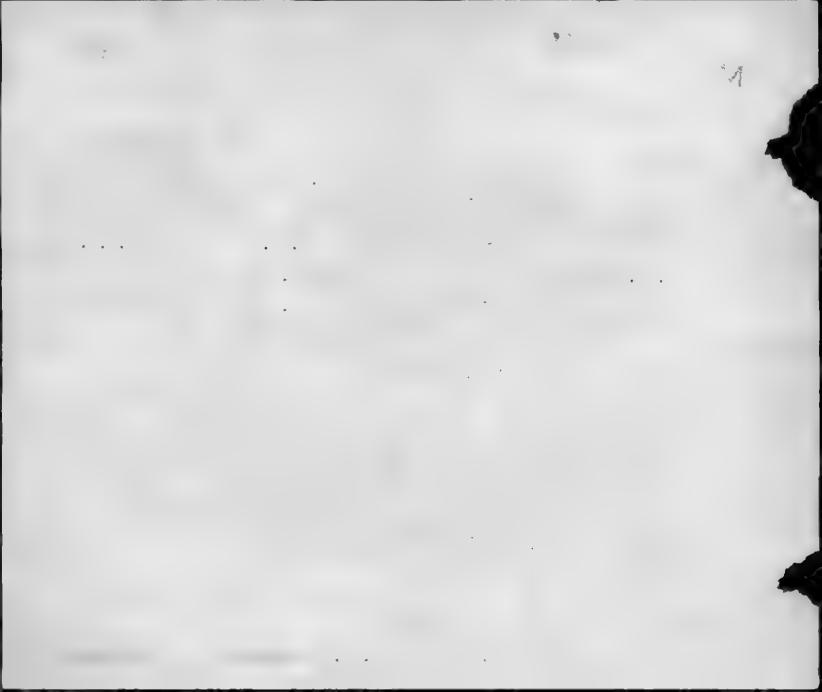
Yes

FUNERAL ector, page director, p

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

Funeral Home



FOR STATE DEPT TO TEBUX WESTORL EXAMINER: This servificate slould be essented within 24 Sours after death. If any it is nacessary, please execute the certificate, writing the word "pending" in service in them 18. Give Pages 1, 2, and 3 to the fundamental specification of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files? TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 74 hours after death. VS. AISME

5M 9/60

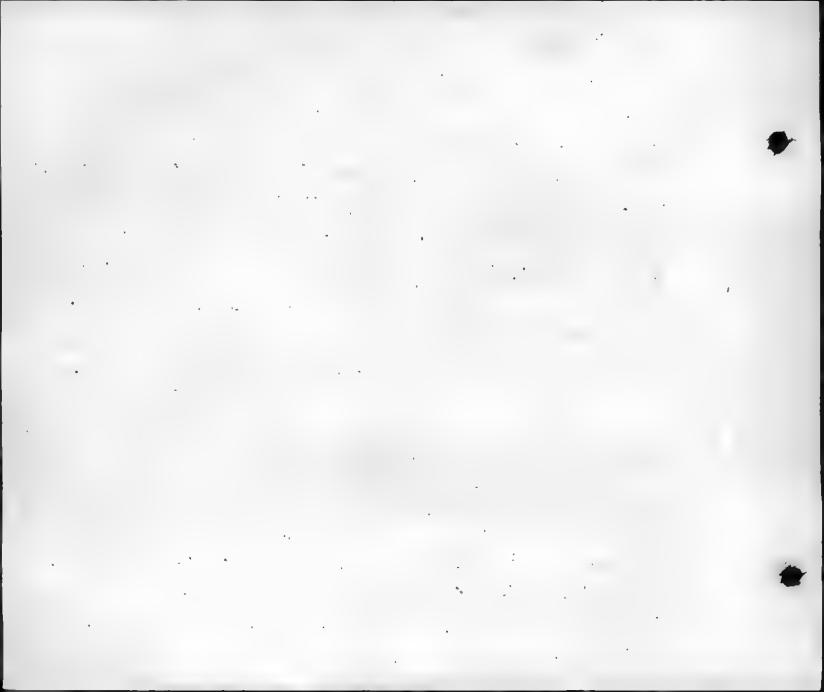
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND WEDICAL EXAMINER'S CERTIFICATE OF DEATH

| , <u> </u> | PLACE OF DEATH | 2. USUAL RESIDENCE (Where decessed I ved, If institution, Residence before edmission | | | | | | |
|--|---|--|--|--|--|--|--|--|
| 1 | * COUNTY Prince George's MARYLAND | * STATE Maryland b. COUNTPrince George | | | | | | |
| 1 | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporete I m Is, write RURAL end give neerest town) | | | | | | |
| V _ | Cheverly D.O.A. | , Landover Hills | | | | | | |
| } | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g ve street address) | d. STREET ADDRESS o. IS RESIDENCE ON A FARM? | | | | | | |
| 3 | Prince George's General Hospital | 4110 72nd Avenue | | | | | | |
| " | DECEASED | Holland Sr DEATH September 18 1061 | | | | | | |
| 5. | | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS | | | | | | |
|) 1 | ale White WIDOWED DIVORCED | Oct, 26,1913 47 des brindey) Months Deys Hours Mn | | | | | | |
| 10 de | | TRY 11. B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY | | | | | | |
| | Engineer RUA | Virginia USA | | | | | | |
| 13 | Samuel Howard Holland | 14. MOTHER'S MAIDEN NAME | | | | | | |
| 15 | . WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. | Mary Reamy | | | | | | |
| ĺΫ | es, no or unkown) (ityesqiye warosdatesofservice) | | | | | | | |
| ŀ | 18. CRUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c).] | stelle Bryan Holland, same as #2 | | | | | | |
| | DART I MEATH WAS CALLED BY | lusion_ ONSET AND DEATH | | | | | | |
| | 420 DUE TO | | | | | | | |
| | Conditions, if eny, which \ (b) Coronary artery disease | | | | | | | |
| | geve rise to immediate couse (a), stating the underlying DUE TO | - | | | | | | |
| 1 | cause lest. (c) | | | | | | | |
| QII | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT N | OT RELATED TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO E | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDIT, ON GIVEN IN PART IN 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT | | | | | | | | |
| GRI | , | | | | | | | |
| | | | | | | | | |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour e.m. While Not While factory, street, office bldg., etc.) | | | | | | | | |
| | 21. I certify that I took charge of the remains described above, h | eld an Autopsy, Inspection Inquiry and in my opinion | | | | | | |
| death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner | | | | | | | | |
| | ACTUAL () | CHIEF MEDICAL EXAMINER | | | | | | |
| | SIGNATURE James V Jones | M D. ASSISTANT MED.CAL EXAMINER DATE SIGNED | | | | | | |
| | EXAMINER'S James I. Boyd | DEPUTY MEDICAL EXAMINER 2 9/18/61 | | | | | | |
| 228 | BURIAL, CREMATION, 276 DATE THEREOF 224, NAME OF CEMETERY O | Address (Street, city, town, or county) OR CREMATORY 22d. LOCATION (City, town, or country) (State) | | | | | | |
| I | Burlal 22 Sept. 1961 Ft. Lincol | n Cem. Bladensburg, Md. | | | | | | |
| 23 | 23. FUNERAL DIRECTOR ADDRESS Wash 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE | | | | | | | |
| | Lee Funeral Home 300-4th St. N.E.D.C. DATE SEP 20'61 Carling & Known | | | | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





CERTIFICATE OF DEATH 0559 Reg. Dist. No. director 2. USUAL RESIDENCE (Where deceased lived. If institution, Revidence before admission PLACE OF DEATH a. COUNTY C. STATE Palis COUNTY MARYLAND 1111 CITY OR TOWN III outside corporate limits, write c. LENGTHOOF STAY IN 16 CITY OR TOWN (If outside corposale limits, write RURAL and give nearest town) RURAL and give neares layer shauld d. NAME OF HOSPITAL (IF of in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO NAME OF First Muddle 4. DATE Month Day DECEASED (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years los birthday) Months Doys Hours DIVORCED | WIDOWED I yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, ever if retired) truccur 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. tending 18. CAUSE OF DEATH [Enter only one couse per fire for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** 5 Conditions, if any, which gned gove rise to immediate **DUE TO** catse (a), stating the underlying cause lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES 🗀 NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EXPIER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Slole) fostory, street, office bldg: etc.) Hour -u. m. at work at work p. m. 21. I certify that I attended the deceased from 2. that I last saw the deceased alive an and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) **ACTUAL** DIREC SIGNATURE shauld c 22b. DATE THEREOF 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (Stote) MOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 26 FUNEYAL HOME, WALDORF V\$ A1S (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VR A15 (4) 15M 9/60

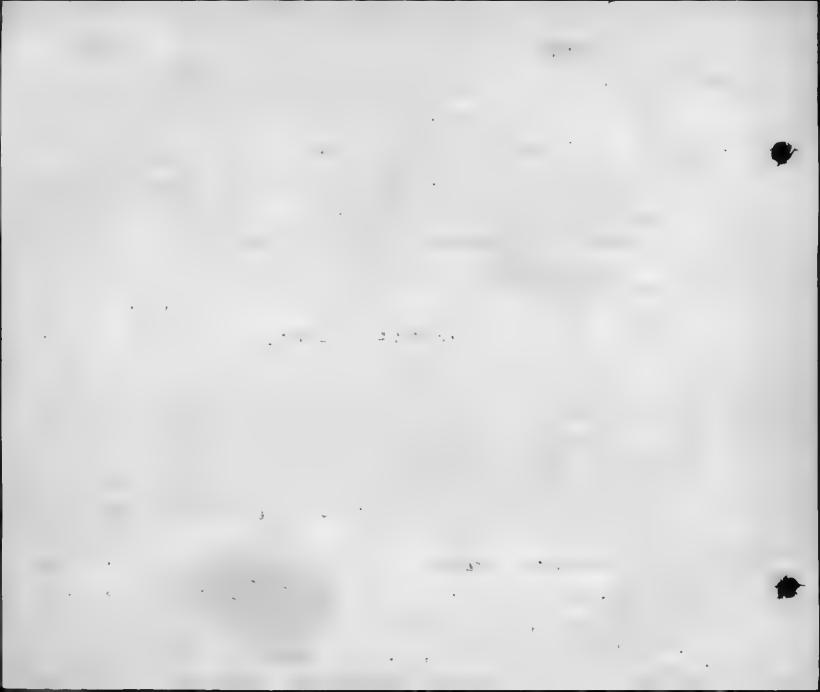
MARYLAND STATE DEPARTMENT OF HEALTH

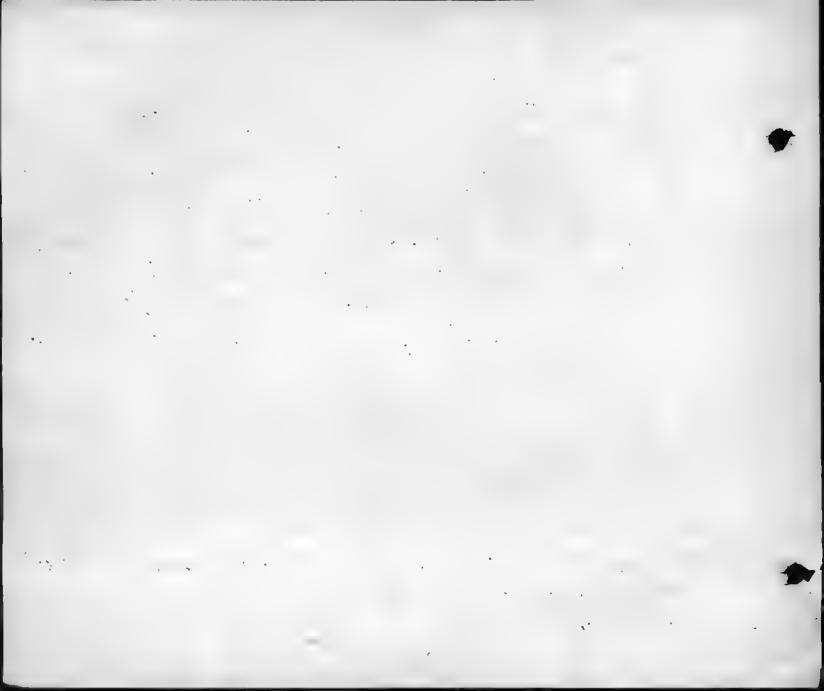
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10000

CERTIFICATE OF DEATH

| _ | | | | | LU33& | |
|---------------|---|----------------------------------|---------------------------------|------------------------------|--|--|
| 1. | PLACE OF DEATH | | | | institut oni Residence before edmiss on | |
| | Prince George's | MARYLAND | * STATE | ь, cour | nce Georges | |
| /- | b. CITY OR TOWN (if outside corporate I mits, | c. LENGTH OF STAY IN 16 | city or town (II | | e RURAL end give neerest town) | |
| | write RURAL end give neerest town) | | -1 | | | |
| | Cheverly | 3 days | Landover d street address | - | 1 e. IS RESIDENCE | |
| > | d. NAME OF HOSPITAL OR INSTITUT ON (If not in | hospitel, give street eddress, | d STREET ADDRESS | | ON A FARM? | |
| | Prince George's General | ł, | Rt. 1 | | YES NO | |
| 3. | NAME OF First DECEASED | Middle | Le s ^j | 4. DATE Month | Dey Yeer | |
| | (Type or print) Julia | Ζ. | Jones | DEATH Sept | . 15 1961 | |
| 5, | 657 | RRIED TO NEVER MARRIED 1 8 | DATE OF BRID | 9. AGE (n years | IF JNDER 1 YEAR IF UNDER 24 HRS. | |
| | 771.74 | WED DIVORCED | 7-7-1/- | lest birthdey) | Months Days Hours Min. | |
| 10 | T CHICKO | b. KIND OF BUS NESS OR NOUSTR | may me may trop | | 12. CITIZEN OF WHAT COUNTRY | |
| | one during most of working life, even if retired) | ** | | | USA | |
| 42 | | own Home | Pennsylva | | | |
| 13 | FATHER'S NAME | le à | 14. MOTHER'S MAIDEN I | NAME | | |
| | £awrence Zabins | V.T. | Unknown | | | |
| | WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unkown) [(Ifyesgive werordetesofservice)] | 16. SOCIAL SECURTY NO. 17. I | NFORMANT | Address | | |
| ,,, | no | none Tho | mas C Jones | Landover, | Md. | |
| _ | 18. CAUSE OF DEATH [Enter only one cause | per line for (e), (b), add (c).) | | | INTERVAL BETWEEN | |
| | PART I. DEATH WAS CAUSED BY: | Carbral | halm | | ONSEL AND DEATH | |
| | IMMEDIATE CAUSE (e) | | 1,000,11 | • | - 000 | |
| | DUE TO | | | | | |
| | Conditions, if eny, which (b) | | | | | |
| | (e), stelling the underlying DUE TO | | | | | |
| | couse lest, (c) | | | | | |
| Z | PART II. OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMIN | IAL DISEASE CONDITION GIV | (EN IN PART 1 a) 19. WAS AUTOPSY PERFORMED? | |
| CERTIFICATION | | | | | YES NO | |
| IFIC | 200. ACCIDENT WAS UNDERLYING 1 206. | DESCRIBE HOW NIJRY OCCURED | . (Enter neture of injury in P | Pert I or Pert II of item 18 | , | |
| CERT | OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | |
| | | Dd. INJURY OCCURRED . 2De. PLA | CE OF INJURY (Home, ferm | , ' 20f. [City or fown] | [County] (State) | |
| MEDICAL | | | ory, street, office bldg., etc. | | (county) (s.o.o.) | |
| ME | p.m. 19 at | work et work | 0 | 1 | | |
| | 21. I certify that (I) (this hospital) at | tended the deceased from. | 7- 2 | 1961, 10 4 - 13 | , 196. L, that (I) (we) la | |
| | saw the deceased alive on | | death occured a | .M, from the causes | and on the date stated above | |
| | 22e. SIGNATURE | i - | 1 | | 22b. DATE | |
| | HIM CAN L | tress " | NIIVE G | RECTOR PHYS | 9-15-13 GNE | |
| | 226. PHYSIC AN'S | July - | 22d. APDRESS | 201, Baltim re | Avenue 1 | |
| | Dr. Leonard Hav | | Lun | Think | Avella of | |
| - | | 123c. NAME OF CEMETERY | OP CPEMATORY | 236 LOCATION (City, to | wn or county) (State) | |
| 23 | REMOVAL (Specify) Sept 19. 19 | | V | - M | | |
| _ | | | | Colmar Mano | | |
| 24 | 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR'S SIGNATURE 256. REC'D BY REGISTRAR'S SIGNATURE | | | | | |
| | nya | ttsville, Md. | DARFP | 21'61 01 | 1 - 9 4 | |





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institutions a. COUNTY COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN at outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 3 Riverdale Weeks Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6216 L2nd Eugene Leland Memorial Avenue NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH 0 Harry Koohler carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR ! last birthday) Months Male White WIDOWED DIVORCED 10a. USJAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? I 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or fore an country) done during most of working life, even if retired) Operator Instructor Navy Yard New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ā Unknown Howard Koehler 15. WAS DECEASED EYER NU.S. ARMED FORCES? Address 16. SOCIAL SECURTY NO. 1 17. INFORMANT Yas, no, or unkown), (Ifyesgive war or datas of sarvice) Nο 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), [PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Dente myocan Conditions, if any, which (6) gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19. WAS AUTOPSY certificate 35 20b. DESCRIBE HOW INIJIRY OCCURED, (Enter natura of interv in Part I or Part II of item 18.) 20s. ACCIDENT WAS UNDERLYING [] OR CONTR BUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) he 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, straet, office bldg., atc.) Not While While Hour a.m at work at work O 21. I certify that (I) (this hospital) attended the deceased from. may be re saw the deceased alive on.... ATTENDING 22a. SIGNATURE DIRECTOR PHYS. of proch M.D. FUNERAL 22d ADDRESS 22c. PHYSIC AN'S NAME (Type) director, F be filed w 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION. | 23b. DATE THEREOF REMOVAL (Specify) Ft. Lincoln Bladensburg Cremathon ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Chambers Co. Riverdale, Md. 15M 9/60 SEP 2.1 '61 Citha & House

0554
Residence before admission)

e. IS RESIDENCE

YES NO K

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO 🗖

(Stata)

22b. DATE

Md.

SIGNED

Days

U.S.A.

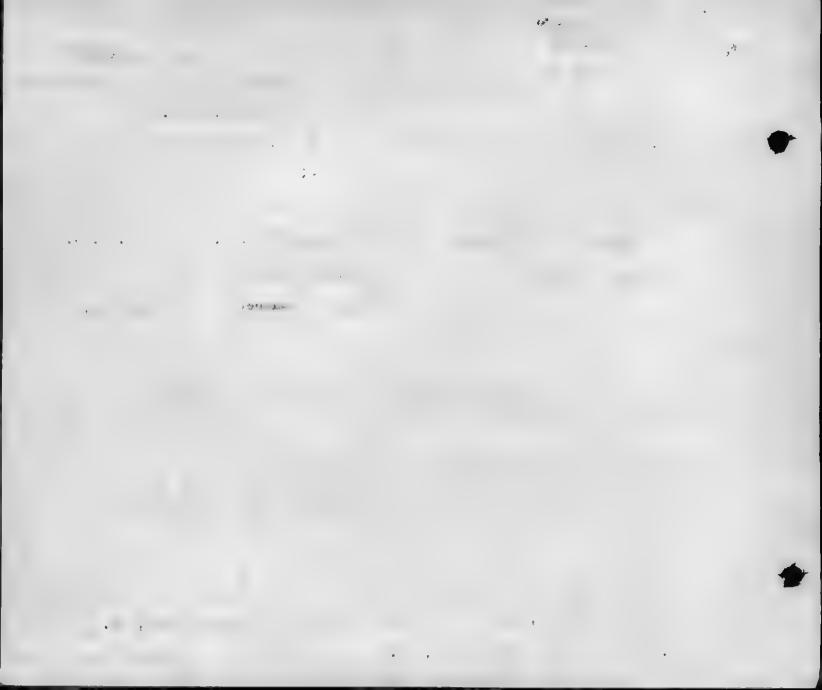
(County)

ON A FARM?



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH Item - 1 # 1 | m G302 I. PLACE OF DEATH e. COUNTY b. COUNTY Prince George's Maryland Prince George's MARYLAND \$ C b. CITY OR TOWN life outside corporate limits, write RURAL and give nearest town A. F. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b D. O. A. East Riverdale, Md. d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION III not in hosp to, g ve street eddress) ON A FARM? Georges, General/Hospital/ 6708 Hamilton Street YES NO T 4. DATE 3. NAME OF Year DECEASED ambent (Type or print) 19 61 carbon IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years) IF UNDER T YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO last birthdey) and Months DIVORCED | Aug 25, 1944 WIDOWED IT hysician 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF 8USINESS OR INDUSTRY | 11, 8IRTHPLACE (County & Stete, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Washington D. C. Student school 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Raymond M Lambert Sara Burgess 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give we ror detes of service) East Riverdale Md Raymond M. Lambert none 1B. CAUSE OF DEATH [Enter only one couse ger line for [at. (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if env. which (b) geve rise to Immediate couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116-11 19. WAS AUTOPSY PERFORMED? NO A 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, far. 20f. [City or town) (County) (Slete) 20c. TIME OF INJURY White Not While P2 factory, street, office blde et work et work Hour (e m.) 21 | certify tha (I) (this hospital) attended the deceased from . ISAM 19 and that death occured at 130%, from the causes and on the date stated above. 22e. S.GNATURE ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Howard 23c. NAME OF CEMETERY OR CREMATORY , 23d. LOCATION (City, fown or county) 238. BURIAL, CREMATION, 236. DATE THEREOF Sept 6, 1961 Ft Lincoln Cemetery Colmar Manor, Md. 250 REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** F. Gasch's Sons DATSEP 7 Hyattsville, Md. 15M 9/60 Orthur S. Krous

ARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 10564 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence by or Idnission) · CQUNTY STATE b COUNTY MARYLAND (-EOR GE ARVLAND EORGES b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) 5RW) d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION 6380 YES NO X NAME OF DECEASED First 4. DATE Middle Lost Month Day Year OF DEATH (Type or print) Þ 196 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS MARRED NEVER MARRIED lost bigthdoy) Months Doys WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GATES Ð MN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT SAME AS 18. CAUSE OF DEATH [Enter only one couse per INTERVAL BETWEEN DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, 20d. INJURY OCCURRED Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work 21. I certify that I attended the deceased from 19.6. that I last saw the deceased alive an M, from the causes and an the date stated above. and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOXAL (Specify)

24b. REGISTRAR'S SIGNATURE

Circumy S. Hraces

240. REC'D BY REGISTRAR

'61

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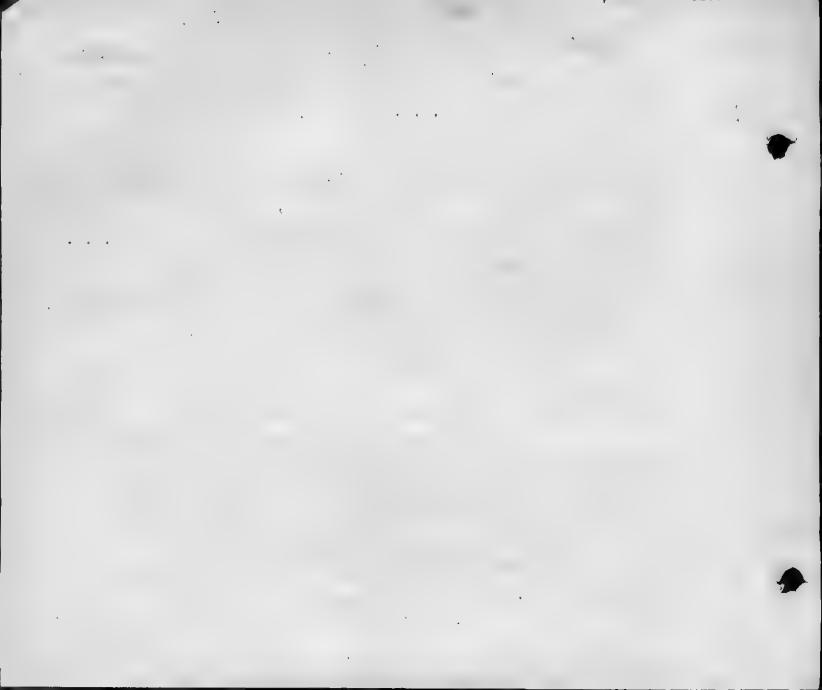
FUNERAL 3

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased lived, If institution 555 come admission) 1. PLACE OF DEATH a. COUNTY Page Prince George's Prince George's MARYLAND b. CITY OR TOWN (if outside corporate I mits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town write RURAL and give neerest town) Cheverly D.O.A. Mt. Rainier d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE Ö ON A FARM? 3724 34th Street Prince George's General Hospital retained ne State B YES NO X 3. NAME OF DATE DECEASED the DEATH (Type or print) September 19 19 Raymond Charles Little 19. AGE (In yeers IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last hirthday] Months | Deys 14,1906 WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working life, evan if retired) U.S.A. 18. Give Pages 1 form PM3. Pag Construction Maryland Carpenter pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harriette Parks Emanuel Odis Little File 15, WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT 477年"40th Street Yes | (Ifyasgivewerordetesofservice) Mrs Frances Lentz, North Arlington, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause par I ne for (a), (b), end (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (A) Office DUE TO Cardiovascular renal disease Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying PART II OTHER'S GNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II. PERFORMED? Medical Ex NO 2Db. DESCR BE HOW INJURY OCCURED, [Enter neture of in any in Pert I or Pert II of item 18.] 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | writing to Chief A Page 3 striated or to buria 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY fectory, street, office bidg., atc.) While Not While et work et work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Jease execute the certific 4 should be forwarded to 5 FUNERAL DIRECTO or its designated agent, p Undetermined manner Natural causes 🕱 Accident Su cide Homicide death resulted from CHIEF MEDICAL EXAMINER anes I Saga MD ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) James Address (Street, city, town, or county) DEP 222 NAME OF CEMETERY OR CHICAGO 22d. LOCATION (City, town, or country) 220. BURIAL, CREMAT ON, 226. DATE THEREOF (State) Beltsville. Md. St. John's Church 240 g 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. WIIIME Hvattsville, Md. Francis Gasch's Sons DAKEP 2 1 '61 5M 9/60

MARYIAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

| 20001 | 10558 |
|--|---|
| 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Whara deceased lived, if Institution Residence before admission) |
| Prince George MARYLAND | * STATE Maryland b. COUNTY Prince George_ |
| b. CITY OR TOWN (if outs de corporate l'mits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) |
| Cheverly 7 days NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | Bladensburg Hyattsville |
| 7 Prince George General | L527 Buchanan Street ON A FARM! VES NO |
| 3. NAME OF First Middle DECEASED | Last 4. DATE Month Day Year OF |
| (Typa or print) Dan Eugene | Lewis DEATH Sept. 8 181 |
| 7. Althorise Market Michael | B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours Min. |
| Male White W DOWED DIVORCED 100. USUAL OCCUPATION (G.va kind of work 100. KIND OF BUSINESS OR INDUST. | Sept. 2, 1961 yrs. 1 7 RY, II. BIRT-MPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? |
| done during most of working life, even if retired) | Maryland U.S.A. |
| 13. FATHER'S NAME | 14 MOTHER S MA DEN NAME |
| Dan Hurl Lewis | Barbara Ann Pannebaker |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURTY NO 17 {Yes, no, or unknwn} { (Ifyasgivawarordatasofsarvice) } | INFORMANT Address |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | Hospital Record Interval Between |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | atilecture ONSET AND DEATH |
| 7643 DUE TO | Put to to |
| Conditions, flany, which (b) gava rise to immediate causa | Openne - |
| (a), staling the underlying DUE TO | |
| 10) | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY |
| PART I . OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | PERFORMED? |
| 208 ACCIDENT WAS UNDERLYING 206, DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING 1 CAUSE OF DEATH OR CONTINUITING 1 CAUSE OF DEATH Of [IF EITHER, NOTIFY MEDICAL EXAMINER]] | D. (Enter natura of injury in Part I or Part I of Item 18.) |
| | ACE OF INJURY (Home, farm, 201, (City or town) (County) (State) |
| Hour a.m. Whi a Not Whila | tory, streat, off ce b dg., alc.) |
| 21. I certify that (I) (this hospita) altended the decased from. | 9/2 16/, to 9/8 19 (that (1) (we) last |
| | t death occured at |
| 22a S GNATURE | ATTENDINO MED STAFF SIGNED |
| 22c. PHYSICIAN'S | A D. PHYS. D RECTOR PHYS. |
| NAME (Type) | 5301 Hamilton Street, Hyattsville, Md |
| 238. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY | OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| Burial 9/9/61 Evergreen | Baldensburg, Md. |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 7land DATESEP 13'61 Chiling S. Krush |
| F. Gasch's Sons Hyattsville, Mary | rland DATESEP 13'61 Chilm & Thomas |



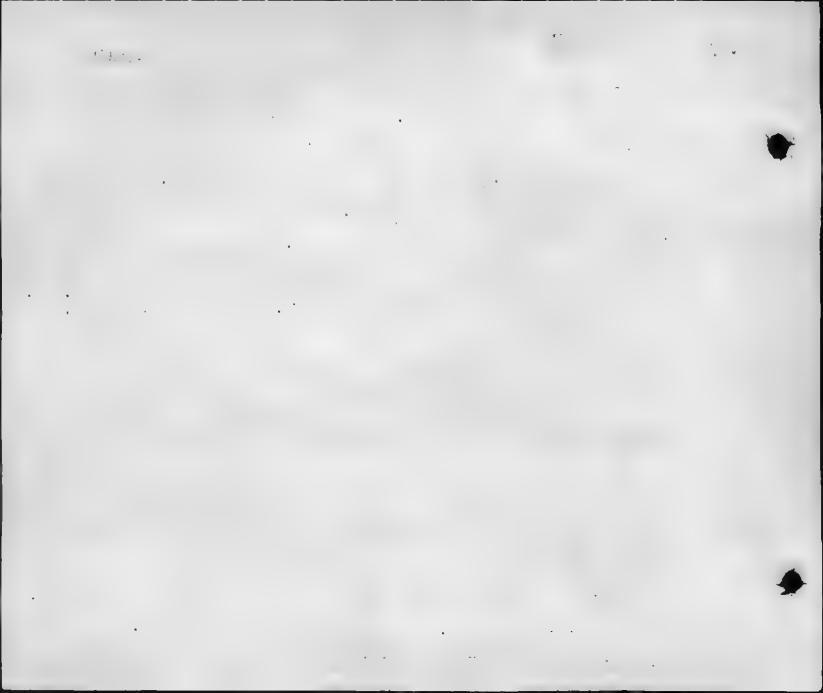
TO HOSP 2. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whim 24 hours after death. Part 4 may be retained by the hospital or attending physician. IO FUNERAL DIRECTOR: After this certificate has been signed by the altending physician and completely exed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death.

VR A15 (4) 15M 9/60

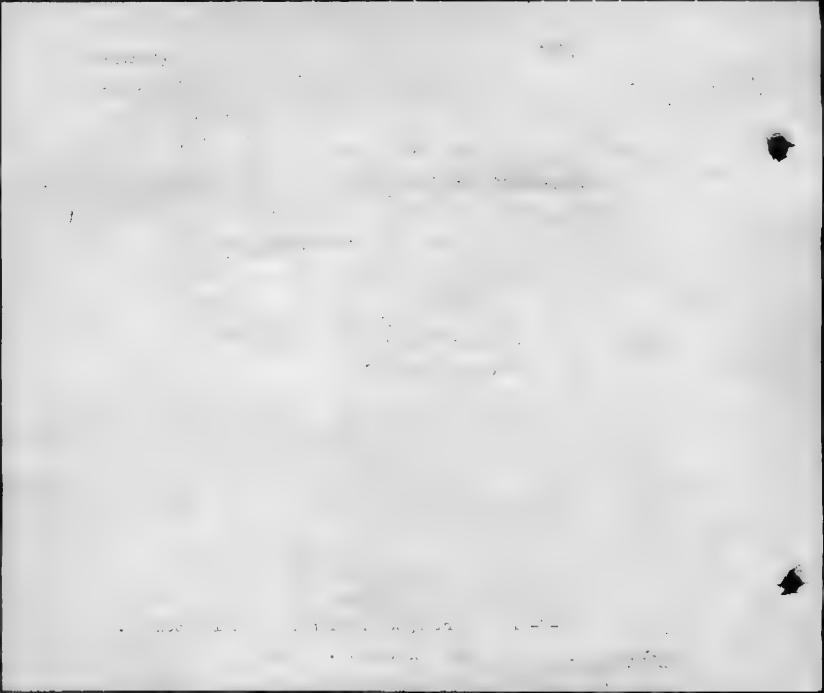
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where decessed I ved, If institution: Residence before edmission) |
|--|--|
| a. COUNTY | a. STATE b. COUNTY |
| Prince Coorge Maryland | Linsach sette |
| b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give neerest town) | c. C TY OR TOWN (If outside corporete limits, write RURAL and give neerest town) |
| m, is lile 5 pre- | a 'rai tree _ |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress) | d. STREET ADDRESS |
| G. rroll . or | ON A FARM? YES IN O I |
| 3. NAME OF First Middle | Lest 4. DATE Month Day Year |
| DECEASED | OF |
| (Type or print) Winifred S. Loftus | |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. | DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday) Months Deys Hours Min. |
| Penrole Wite WIDOWED DIVORCED U | ct. 20, 1075 85 ym |
| 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR FADUSTR | Y 11 BIRTHPLACE (County & State, or lore gn country) 12. CITIZEN OF WHAT COUNTRY? |
| done during most of working life, even if retired) Retid Post listings | Conn. TSA |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | |
| r trink G'Sullivan | interest prory |
| 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yas, no, or unkown) { (Ifyasgivawarordatasofservice) | NFORMANT Address 4001 Conn. Av . |
| | san ry alliven, ' 'see 's |
| 18. CAUSE OF DEATH [Enter only one cause per ine for (e), (b), and (c).] | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | ONSET AND DEATH |
| IMMEDIATE CAUSE (6) | - Mullinger |
| DUE TO | and beret minutes |
| Conditions, if eny, which (b) | MARKET MINULE |
| geve rise to Immediate ceuse (e), steting the underlying DUF TO | 0. |
| ceusa lest. (c) MILALO EN LO | reall gearer |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | PERFORMED? |
| 20a, ACCIDENT WAS UNDERLYING] 20b DESCRIBE HOW INJURY OCCURED. | |
| ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH | , latited floridge of the control of the first start of the control of the contro |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| | CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.) |
| Hour a.m. While Not While tack | · · · · · · · · · · · · · · · · · · · |
| 21. I certify that (I) (this hospital) attended the deceased from | 1968 to seek 1961, that (1) (we) las |
| | |
| | death occured at. A.M. from the causes and on the date stated above |
| 22a. SIGNATURE | ATTENDING MED, STAFF SIGNED |
| | .D. PHYS. T DRECTOR PHYS. |
| MAME (Type) | 22d. ADDRESS |
| RICHARD F. DELTINES ME | 14 41 Lavard St. Silv r S with well. |
| 230. BURIAL, CREMATION, 236 DATE THEREOF , 23c. NAME OF CEMETERY | OR CREMATORY 23d. LOCATION (City, town or county) (Stata) |
| REMOVAL (Specify) | Canal Wenner |
| 24 FUNERAL DIRECTOR'S SIGNATURE > Scalling ADDRESS | 258, REC'D BY REGISTRAR 1256, REGISTRAR'S SIGNATURE |
| The restriction of the state of | CED O JOA |
| in Grand, Things, MT.T., O. | DATE SEP 8 61 arthur & Kraup |

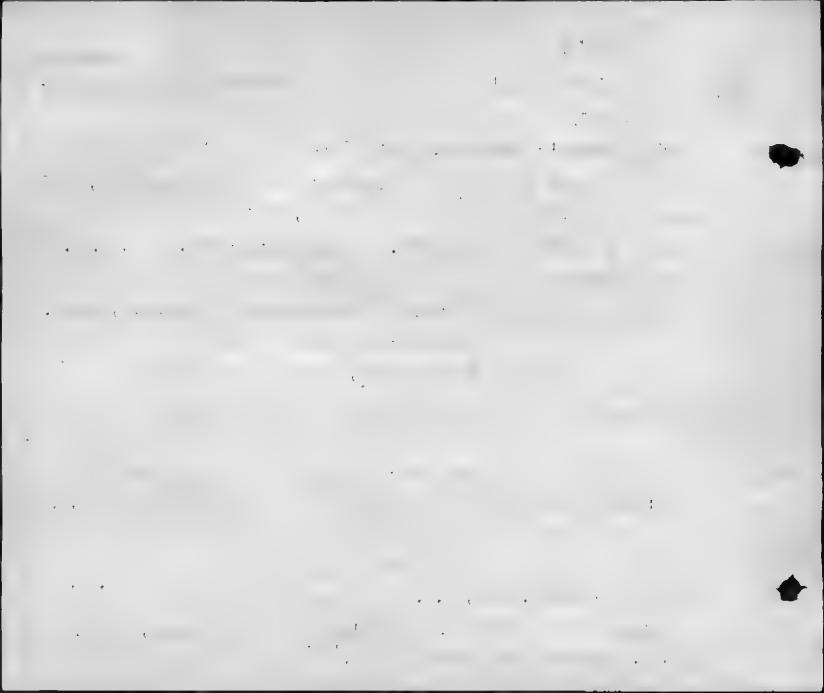


ARYLAND STATE DEPARTMENT OF HEALTH TON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH AND RECOR** CERTIFICATE OF DEATH 0569 Challence before admission) 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived e. COUNTY MARYLAND IMCP b. CITY OR TOWN lif outs de corporate limits. c. LENGTH OF STAY IN 16 e. IS RESIDENCE ON A FARM? YES NO -DATE DECEASED (Type or print) carbon IF UNDER 24 HRS. SEX AGE (In yeer UNDER 1 YEA lest birthday and WIDOWED [DIVORCED physi∎ian 10a, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF 10b. KIND OF BUSINESS OR INDUSTRY fore an country) done during grost of working life, even if retired) OUR 13. FATHER'S NAME nd, or unkown) [(If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cous INTERVAL BETWEEN IMMEDIATE CAUSE (e) gava rise to immadiete causa DUE TO (a), steting the underlying PART II. OTHER S GNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [10] 19 WAS AUTOPSY 0 CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Iem 18.) 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED, 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg , etc.) Not While While et work at work saw the deceased alive on 22b. DATE 220. SIGNATURE SIGNED PHYS. DIRECTOR MD. death. Page 4 O FUNERAL 22d. ADDRESS 22c PHYSICIAN'S ector, 23c. NAME OF CIME CAPE PREMATORY 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) TO ÷ å Arlington National Arlington Va 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 909 6th St, N.W. 15M 9/60 DATEEP 7 Cithur S. Kines



Division of STATISTICAL RESEARCH ESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, If institutions tend 5 Condimission) 1. PLACE OF DEATH a. COUNTY Pennsylvania Prince George's MARYLAND CITY OR TOWN (If ourside corporete limits, write RURAL and give meetest town) b. CITY OR TOWN (if outside corporete I m.ts. c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Norristown Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1750 Powell Street YES NO A Prince George's General Hospital NAME OF DATE DECEASED OF the (Type or print) DEATH ge 5 may be r and 2 mile th 72 hours after September AR IF UNDER 24 HRS. 1961 Manderacchi AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months Devs WIDOWED DIVORCED [emale White April 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Norristown, Penna. Machine Operator Garment Mfg. pages 1 within 14. MOTHER'S MAIDEN NAME Joseph Venezia Maria Tulone permit. File any event 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT Address (Yes, no, pr.unkown) | (If yes give we ror detes of service) Chalfont. Penna. Vincent Venezia 18. CAUSE OF DEATH lEnter only one cause per line for (e), (b), and (c)). INTERVAL BETWEEN ir's Office along w s a burial-transit p removal, and in a ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shcok IMMEDIATE CAUSE (e). DUE TO Crushed cheat, fracture of the skull Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying 92 lical Examine Id be used a remation, or PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of 'njury In Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING hief e 3 buri Head on collision with another automobile 20c. TIME OF INJURY Pag t fectory, street, office bldg., etc.) 6 at work et work OR: P Route 301 Upper Marlboro P.G. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🛖, Inquiry 🛖 and in my opinion Accident -Undetermined manner [death resulted from. Natural causes Suicide Homicide | please execute the cert should be forwarded PUNERAL DIREC it its designated agent CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Sept. 8, 1961 NAME (Type) / JAMES I. BOYD, M.D. Addr 220. BURIAL, CREMATION | 22b. DATE THEREOF | 22c. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 22d. LOCATION (City, town or country) (Stete) REMOVAL (Spec ful) ADDRESS Riverdale, Md 24. REC'D BY REGISTRAR | 24b. REGISTRAR S SIGNATURE <u>~</u> 40 ₽ 23. FUNERAL DIRECTOR VS. AISME William & Thomas Chambers, 5801 Cleveland Ave. 5M 9/60

NO 1



Division of STATISTICAL RESEA **BALTIMORE 1. MARYLAND** I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) COUNTY MARVIAND OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 RURAL and give nearest town) AME OF HØSPITAL OR INSTITUTION ('f not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED OF (Type or print) DEATH 5. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR; 72 yrs. Months | Days WIDOWED IF 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) A pages 1 withir 3 borER 13. FATHER'S NAME George E A 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) I (If yes give we ror dates of service) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). ONSET-AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPSY PERFORMED? NO C pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm., 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour e.m. While Not While at work prior at work forwarded to 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry 3 and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for DATE SIGNED SIGNATURE designal NAME (Type) Address (Street, city, town, or county) DE 6989 22a, BURIAL, CREMATION. 40 6 246. REGISTRAR'S SIGNATURE YS. A15ME DATE SEP 5M 9/60 Orthur S. Kratte





DIVISION OF STATISTICAL RESEARCH A STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE 65 funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution COUNTY a. STATE by the i and 2 : death. hu Juice MARYLAND b. CITY OR TOWN/(if outside comprete limits, TOWN (I outside corporate I mils, write RURAL and give naarest town) E LENGTH OF STAY N 15 write RURAL and give nearest bwn] .⊆ Filed IS RESIDENCE INSTITUTION (if not in hospital, give street address. hours ON A FARM? NO V YES T Dabers, 3. NAME OF DATE DECEASED OF (Type or print) DEATH carbon 5. AGE (In years IF JNDER and last birthdey) Months! pllysicia 10a. USUAL OCCUPATION (Give kind of work remove 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME MATHER S MA DEN NAME please affendin Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? removal (Yes, no, or unkown) (Ifyes a vewar ordates of service) the 18. CAUSE OF DEATH [Enter only one cause for I ne for (a) (b), and (c) signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-fransit **NDUE TO** has been DUE TO (a), stating the underlying cousa last the 0 PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? hospital 35 0 NO USB prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of in ury in Part , or Part II of item 18.) After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached þ 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. retained at work at work p.m may be retain DIRECTOR: 9 attended the deceased from.... 190. , that 21. | certify that (I) (this hospital) pluods saw the deceased alive on. ., and that death occured a. I.M., from the causes and on the date stated above. ATTENDING 22b. DATE 22a S GNATUR MED. SIGNED DIRECTOR PHYS. 22c. PHYSICIAN 22d. NAME FU Ctor. filed belit 23d. LOCATION (City, town or county) death. CREMATION, | 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State 23a. BURIAL, REMOVAL 長島 25a. REC'D REGISTRAR | 256. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATUS VR A15 (4) 15M 9/60 DAS



VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 7 | | | OI DEATH | - 46 | 1566 |
|----|--|---------------------------|---|--|-------------------------------|
| 1 | 1. PLACE OF DEATH a. COUNTY | 3 | USUAL RESIDENCE (Where dacees | ed lived, If institution Re b. COUNTY | s dence belote admission) |
| ار | PRINCE GEORGES | DECEMBER | MARYLAND | | E GEORGES |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY IN 15 | c. CITY OR TOWN (If outside corporate | limits, write RURAL and | giva nearest town) |
| | ANDREWS AIR FORCE BASE | 3 DAYS | SUITLAND | | |
| , | d, NAME OF HOSPITAL OR INSTITUTION (IF not in hosp to | , g ve street address) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? |
| | US AIR FORCE HOSPITAL | | 3456 HOMER AVENUE | E | YES NO X |
| | 3. NAME OF First DECEASED | Middle | Losi 4. DATE OF | Month | Day Yeer |
| | (Type or print) DANIEL | WAYNE MA | RSHALL DEATH | SEPTEMBER | 14 19 61 |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED | | DATE OF BIRTH 9. AC | SE (In yeers IF UNDER 1 Y | |
| | MALE CAUCASIAN WIDOWED | | 2 SEPTEMBER 1961 | yrs. Months D | eys Hours Min. |
| | 100. USUAL OCCUPATION (Give kind of work 10b. KIND | OF BUSINESS OR INDUSTRY | | No. | EN OF WHAT COUNTRY? |
| | NONE. | NONE | MARYLAND | IMI | TED STATES |
| | 13. FATHER'S NAME | | 4. MOTHER'S MAIDEN NAME | OIVI | LED STRIES _ |
| | HAROLD GENE MARSHALL | | JANET LOUISE TITUS | 2 | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO | CIAL SECURITY NO 17 IN | FORMANT | Address | |
| | [Yes, no, or unkown] (Ifyasgive werordatesofservice) | | ATHER | SAME AS | ITEM #2 |
| | 18. CAUSE OF DEATH [Enter only one ceuse per line | | | OTHER MA | I INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: | RATORY INSUFFIC | CIENCY | | ONSET AND DEATH |
| | 1 1/1 1 | MICKL THOUPET | J LLINO I | | _50 HOURS_ |
| i | Continue to a Superior Designation | TIRE RIPTH WIT | H IMMATURITY | | |
| | Conditions, if eny, which (b) geve rise to immediate couse | DIALI WIL | II THENTONTEL | | _ |
| | (a), stating the underlying DUE TO | | | | |
| | Z PART II. OTHER S GN FICANT CONDIT ONS CONTR | TOLATE PERSON OF SMITHER | DELATED TO THE TERMINAL PIETACE CON | DITION CIVEN IN PART | WAS ALLTONS |
| | PART II. OTHER S ON FICANT CONDITIONS CONTR | BOUNG TO DENTH BUT NOT | RELATED TO THE TERMINAL DISEASE CON | DITION GIVEN IN PAKI | PERFORMED? |
| | 5 | | | - 40. | YES NO |
| | ZDe. ACCIDENT WAS UNDERLYING A 2Db DESCRI | BE HOW INJURY OCCURED, (1 | Enter neture of injury in Pert 1 or Pert II of it | iem is j | |
| | | | | | |
| | 20c. TIME OF INJURY Month, Dey, Year 20d. INJ Hour a.m. While at work [| | OF INJURY (Home, farm, 20f. (Cily or I | own) (Coun | (Stete) |
| | | at work | | | |
| | 21. I certify that 🍯 (this hospital) attended | d the deceased from 1 | 2 September 19 61 to 14 | September 6 | 🗓, that 🍘 (we) last |
| | saw the deceased alive on . 14. Septem | | | | |
| | 220. SIGNATURE | 2 | | TAFF | 22b. DATE SIGNED |
| | 1 of H1/1 | SONE MD. | BUYE DIRECTOR 0 | HYS. | 14 Sep 61 |
| | 22c. PHYSICIAN'S | | 22d. ADDRESS | | |
| | JOHN A MOORE, Ma | jor USAF MC | USAF HOSPITAL, AN | NDREWS AFB, | WASH 25 DC |
| | | 3c. NAME OF CEMETERY OR | CREMATORY 23 TOCATIO | N (C ly, lown or county) | (Stete) |
| | REMOVAL (Specify) 9/16/1961 | Washington Nat | '1 Cem. Suitland | Rd/.Pr.Geo | .Co.,Md. |
| | 24 FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 25m. REC'D BY REGISTRAR | | |
| | W.W.Chambers Co., 51711th | St.S.E.Wash.Do | DATE SEP 1 9 '61 | 1 arthur S. | Krus |
| | | | YE. | | |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10575 PLACE OF e. COUNTY b. CITY OR Write RI d. NAME (3. NAME OF DECEASE (Type or pr 5. SEX 10e. USUAL C done during i House 13. FATHER'S Louis 15. WAS DEC

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, funstitution: Residence before edmission) |
|--|---|
| PRINCE GEORGES. MARYLAND | o. STATE PRINCE GEORGES. |
| b. CITY OR TOWN (if outside corporete l.m ts, , c. LENGTH OF STAY IN 16 | c, CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) |
| write RURAL and give necrest town) | HYATTSURLE |
| RURAL - ADELPHI 3/2 mo. | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) | d. STREET ADDRESS o. IS RESIDENCE ON A FARM? |
| PAINT BRANCH NURSING HOME. | 2108 Beechwood Ad. YES NO. |
| 3. NAME OF First Middle DECEASED | Last 4. DATE Month Day Yeer |
| (Type or print) ANNIE ESTELLE | MASON DEATH 9 19 6/ |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. | DATE OF BIRTH 19 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. |
| Female Withite WIDOWED DIVORCED | June 3 - 1972 last birthday) Months Deys Hours Min. |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| House wife Home | Beaufort. N.G. USA. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Louis ALEXANDER Potter. | Nettie FisH |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17- 11 | NFORMANT Address |
| (Yes, no, or unkown) (Ifyesg:vewarordatesofservice) None Bu | NY BRANCH NURSING Home Record |
| 18. CAUSE OF DEATH [Enter only one cause per line for tay, (b), end (c)., | I INTERVAL BETWEEN |
| PAPTI DEATH WAS CAUSED BY: De congestion | onset and DEATH |
| AMMEDIATE CAUSE (a) | |
| DUE TO A Day | of the General Tries of 140 |
| Condition if eny, which (b) | sacrace 17 |
| geveruse to immediate cause DUE TO | serceular Teknellahon |
| (a), stelling the underlying cause last. | man popular |
| 101 | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY |
| Q CONTRACTOR CONTRACTO | PERFORMED? |
| <u> </u> | YES NO Z |
| 203. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. | (Enter neture of in ury in Pert t or Part It of item 18.) |
| 208. ACCIDENT WAS GNOEKLYING 200. DESCRIBE HOW INJURY OCCURED. | |
| ZOG, TIME OF INJURY Month, Day, Year 20d, NJURY OCCURRED 20e, PLACE | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) |
| Don thin. | ory, street, office bldg., etc.) |
| p.m. 19 et work et work | 10. |
| 21. I certify that (I) (this hospital) attended the deceased from | |
| saw the deceased alive on A. 1901., and that | death occured at |
| 22a SIGNATURE | I ATTENDING MED. STAFF 22b. DATE |
| le Giovi | The stores of Silver of |
| 22c. PHYSICIAN'S | 22d. ADDRESS |
| NAME (Type) W.L. E/IENNE | Callege O'S, lues. |
| 230. BUR AL, CREMATION. 236. DATE THEREOF 23c. NAME OF CEMETERY C | OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| -REMOVAL (Specify) 9/22/61 FORT LINEO | LN CEMETERY BIADENSBURG MO |
| SURIUE | |
| | E NW 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| DEAL FUNERAL HOME WASHINGTON | DC. DATSEP 21 '61 Chiller S. Kroma |

10567

Dily⊒ician and completei miled in by the funeral remove carbon papers. Pages 1 and 2 should any event, within 72 hours after death. 24 hours after ■math certificate be executed TO HOSE

LORATTENDING PHYSICIAN: The faw requires that the math certificate death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plijuician director, page 3 should be detached for use as the burial-transit permit. Then please remove a be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any even VR A15 (4) 15M 9/60

CERTIFICATION

MEDICAL



| 4 05 | | CERTIFICATE OF DEATH Reg. Dist. No. CO. |
|--|------------|--|
| Poge director |) [| PLACE OF DEATH C. COLINITY MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Residence Defore commission) O. STATE O. STATE D. B. COUNTY |
| deoth deoth | | b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) |
| # # B OYL | t , | d. NAME OF HOSPITAL (If got in haspital, give street oddress) OR INSTITUTION Frank ON A FARM? ON A FARM? YES \(\) NO \(\) |
| filled R | 3. | NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DEATH And Day Year DEATH NAME OF |
| ed withing pletely ers. Poo | 5 | SEX 6 COLOR OR KACE . MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED DIVORCED G-/57-/9(e) 9 AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS Min years Min |
| e execution ond component of the component of the contract of | L | diving most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 4. S. A. |
| icote be ysician o sve carb urs after | 13 | Jained Meshael Mastronito adella Minette Sullivan |
| th certif ding phy sse remoin 72 ho | 00 | WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOC AL SECURITY NO 17 INFORMANT Address Share as Marchael Machael |
| the death ie attendia nen please ent within | | 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Microcle pt aly (Cerebral agencia) Linterval Between ONSET AND DEATH Linterval Between ONSET AND DEATH |
| uires that gned by the permit. The | | Canditions, if any, which gave rise to immediate couse (o), stating the under OUE TO |
| ow required sicion. Deen significant sign | NO | tying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY TREPORMED? |
| f: The ling phy tre has buriet- | RTIECAT | 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH |
| HYSICIAN or attend is certifica use as the mation, ar | WEDICAL CE | (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manih, Day, Year Mour a. m. 20d. INJURY OCCURRED While Not while foctory, street, affice bldg., etc.) (State) |
| NDING P e haspitol : After th ched for urial, crei | | 21. I certify that I attended the deceased from 1961, to 913, 1961, that I last saw the deceased alive an 913, 1961, and that death accurred at 394M, from the causes and an the date stated above |
| PR ATTER fed by the IRECTOR I be deto prior to b | | ACTUAL Thomas A. Christinolu M.D. Cologe ark 9/13/6/ |
| ERAC DI 3 should gistror pr | _ | PHYSICIAN'S A. (Thristensen Legentland |
| O HOSPI moy be o O FUNER page 3 s The regist | | GENERAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY, 22d LOCATION (City, Town, or county) (State) |
| VS A15 (4) 15M 10/57 | 23 | FUNERADDIRECTOR'S SIGNATURE ADDRESS WOLD DE 240. REC'D BY REGISTRAR' 146. REGISTRAR'S SIGNATURE 1240. REC'D BY REC' |

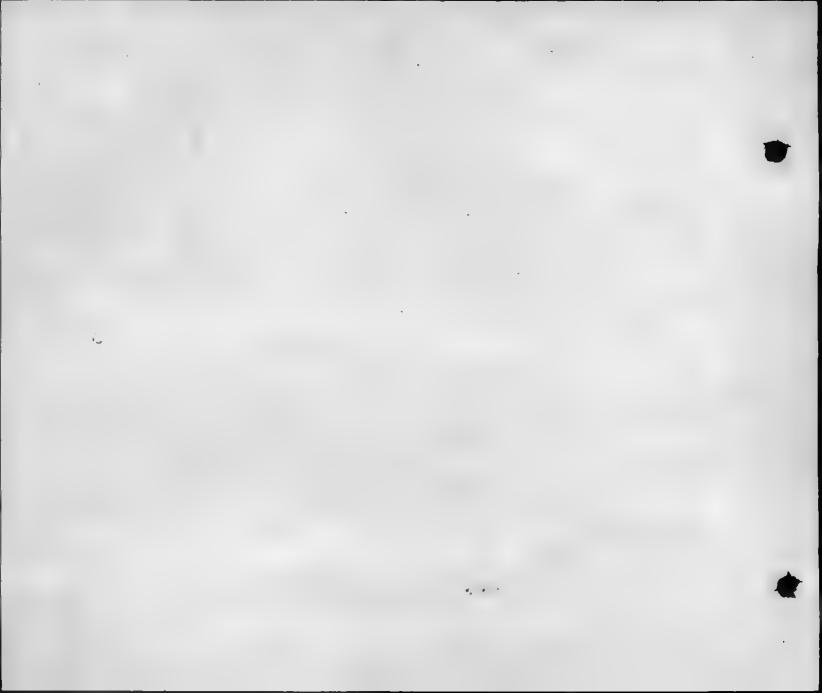
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORD RESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) e. COUNTY e. STATE MARYLAND b. CITY OR TOWN (if pulside corporated mils. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give gearest town) ģ and give nearest fown) Pe d. NAME OF HOSPITAL OR INSTITUTION IS RESIDENCE ON A FARM? YES NO papers. n 72 ho complete 3. NAME OF Middle DECEASED OF (Type or print) DEATH 196 and coi AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX MARRIED NEVER MARRIED [" birthdey) Months Deys Hours WIDOWED 🔽 cian IDe. JSUAL OCCUPATION (Give kind of work гетто 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physic fouse 13. FATHER'S NAME 14. MOTHER'S MAIDEN affending Đ. 15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no or unkown) | (If yes give we roz detes of service) 0 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH |Enter only one cause per-PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which been (6) geve rise lo immediela cause DUE TO (a), stelling the underlying ceuse lest. the ក PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY certificate ospital PERFORMED? 93 NO F USB prior 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part J or Part II of Itam 18.) 호 After this detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Slate) factory, streat, office bldg., etc.) While Not While Hour a.m. et work at work MRECTOR: **7** 10., 19 6. L, that (I) (we) last 21. I certify that W (this hospital) attended the deceased from. TO , and that death occured at 0 - M, from the causes and on the date stated above. saw the deceased alive on. 220. SIGNATURE SIGNED **ATTENDING** DIRECTOR PHYS. PHYS. M.D FUNERAL 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed 23d, NOCATION (City, BURIAL, CREMATION, 23b. DATE THEREOJ NAME OF CEMETERY OR CREMATORY OH 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Orthur & Krays DATE

MARYLAND STATE DEPARTMENT OF HEALTH

hours



physicion. 10 DIRECTOR:)

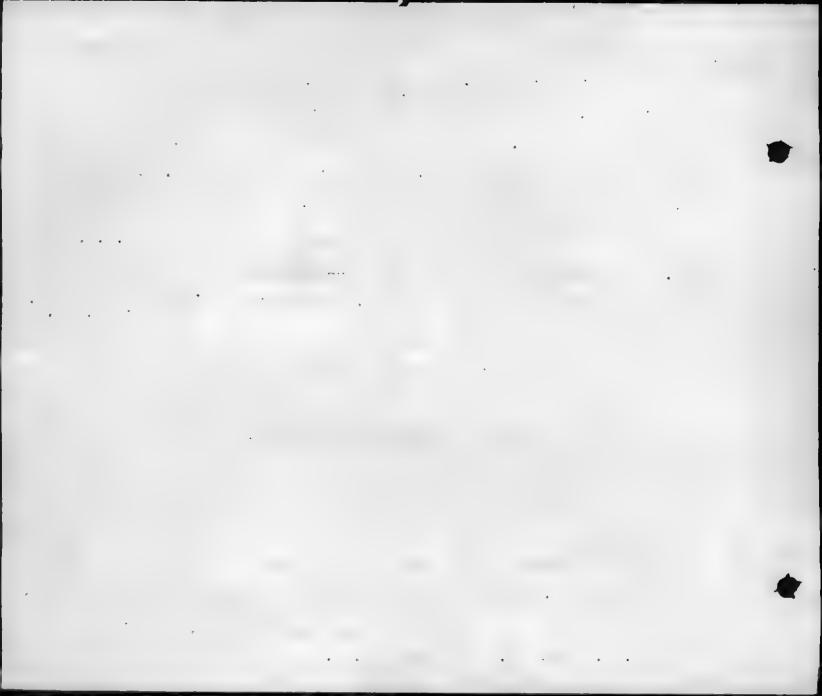
VR A15 (4)

1SM 9/59

West View ADDRESS Hines Co. Washington, D. C.

250 REC'D BY REGISTRAR Chilling S. Thous DATESEP 7

CERTIFICATE OF DEATH 10578 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY b. COUNTY MARYLAND Maryland rince Georges Prince Georges Co. CITY OR TOWN (If outside corporate limits, write | c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hyattsville, Maryland unknown Hvattsville d. NAME OF HOSPITAL (If not in hospital give street address) d. STREET ADDRESS IS RESIDENCE 316 Annapolis Rd. ON A FARM? 5316 Annapolis Road YES NO M NAME OF DECEASED Middle Yeor Sept Rosa Lee Mays DEATH (Type or print) XX AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH Months Dovs 1869 female whi ta WIDOWED DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife U.S.A. Augusta, Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. Thomas Armstrone Nancy Heath 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Mrs. Willie Lee King 5316 Annapolis Rd. none no Hyattsviil Herval SETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions if ony, which gove rise to immediate DUE TO couse (o), sloting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work D. m. , that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. and that death occurred an AM, from the causes and on the date stated above saw the deceased alive an 22o, SIGNATURE ATTENDING PHYS M.D. DIRECTOR PHYS 22c PHYS CIAN'S 22d. ADDRESS NAME (Type) JAMES 6607 RIVERDALE RD. RIVERDALE, BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Augusta. Georgia Cametary Remova] 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE



PRESTON STREET, BALTIMORE J. MARYLAND Division of STATISTICAL RESEARCH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY al director, Page for your files. Board of Health, MARYLAND b CITY OR TOWN (if outside gorporete fan is, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If auside corporete I m ts, write RURAL and give nearest lown] d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? refained he State E YES NO 🔽 3. NAME OF 3 to the f A STATE OF THE STATE OF the (Type or print) DEATH 19 with AGE (in year | IF UNDER I YEAR IF UNDER 24 HRS. may 2 witl lest buthdey) Months I Days Hours WIDOWED . DIVORCED [age 5 m 1 and 2 72 how OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? most of working I fareven if retired) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SECURITY NO. (Yespino, or unkown) (Ifyesgive wer or dates of service) 18. CAUSE OF DEATH [Entar only one cause per ling for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which geve rise to immediate causa **DUE TO** (a), steting the underlying causa last. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICA順ON PERFORMED? NO L YES plno 200. EXTERNAL-CAUSE WAS DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I, of Item 18.) PR MARY ID OF CONTRIBUTING CAUSE OF DEATH 20c. TIME OF NJURY Month, Day, Year 200. INSURY OCCURRED , 200. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While at work at work OR: 21. I certify that I look charge of the remains described above, held an Autopsy | Inspection L forwarded b death resulted from, Natural causes Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER [ease execute the designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S plnods DEPL Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country REMOVAL (Specify) Ö 40 % 9/8/61 Bladensburg, Burial Evergreen Md.◛ 23. FUNERAL DIRECTOR 24a. REC'D BY REG.STRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME SEP 8 arthur S. House Hvattsville, Marvland 5M 7/59 F. Gasch's Sons DATE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution- Residence a. COUNTY a STATE b. COUNTY MARYLAND e. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF DECEASED Middle 4. DATE Month Day Year OF DEATH (Type or print) 196 S SEX 7. MARRIED NEVER MARRIED B AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths WIDOWED [yrs. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY) 11 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT 1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO OSCLEROSIS Canditions, if any, which gave rise to immediate

DUE TO cause (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIF

p. m.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20g. ACCIDENT WAS UNDERLYING A CONTRIBUTING A CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY Month, Day, Year Haur a. m.

20d. INJURY OCCURRED While - Not white at work at work

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.

(County)

(State)

PERFORMED?

YES NO

21 I certify that (I) (this haspital) attended the deceased fram.___

to FRESEVI, 19 tha (ID (we) last 196/, and that death accurred at M, from the causes and an the date stated above.

saw the deceased alive an 27g SIGNATURE

M.D.

ATTENDING PHYS

22h, DATE

PZc PHYB CIAN'S NAME (Type)

BUMAL, CREMATION, DATE THEREOF 23Ь

23c NAME OF CEMETERY OR CREMATORY

23d LOCAT ON (City, tawn, or counts)

"(State)

24, FUNERAL DIRECTOR'S SIGNATURE

23a

ADDRES

25a REC D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/59

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DIRECTOR: A

FUNERAL

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death. Pages

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28

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Cirimor S. Thomas



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Mist No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If Institution, Residence before admission c. LENGTH OF STAY IN 16 Ac. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest 10%n) Upper Marlboro d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 20 Jene Ra Route #301 YES NO NAME OF Middle 4. DATE Lost Month Year DECEASED OF DEATH (Type or print) 19 60 / 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED [DIVORCED [10a, USUAL OCCUPATION (Give kind of work dane) 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANI 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: | IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause DUE TO (a), stoting the underlying cause last. PERFORMED? NO PT 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY or CONTRIBUTING Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or Iswn) (County) (State) factory, street, office bldg., etc.) Not while 196 of work at work Koad Inspection 6 21. I certify that I took charge of the remains described above, held an Autapsy ... and find that Accident , death resulted fram: Natural causes , Suicide . Homicide , Undetermined cause ACTUAL SIGNATURE **DATE SIGNED** CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNERAL NAME (Type) DEPUTY MEDICAL EXAMINER 22d. LOCATION (City, town, or county) (Stote) 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 5. A15ME(5) SEP 2 0 '61 Chathar S. Kraus DATE 5M III/55



cremation, If any delay is necessary, please exe-he funeral poton. Page 4 shavid be TO DEPUT MEDICAL EXAMINER: This certificate started within 24 hour other leath. If any delay is necessary, p cute the chificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral extor. Page 4 forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your 1. or remaval. VS. A15ME(5)

5M 9/55

| * | 4 7 | MEDICAL EXAMINER'S | CERTIFICATE OF DEATH |
|--|-------------|---|--|
| Ň | 1. | PLACE OF DEATH O. COUNTY Prince Georges MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residents Before admission) a. STATE Marylow b. COUNTY Pr. Leoned |
| 7 | ž | b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give sporest town) Cheverly Hospith BOA | c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Upper Marlboro |
| 1 1 | | d. NAME OF HOSPITAL ON INSTITUTION (If not in hospital, give street oddress) PAINCE GCOTGES GENERAL | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\) |
| / | | NAME OF DECEASED (Type or print) LOUIS L Middle | Lost 4. DATE Month Day Year OF DEATH 9 /6 196/ |
| | 7 | | 2-15-38 22 yrs. Months Days Mours Min. |
| | - | o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if refired) Lunch room | 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? ZI. S. A |
| \widehat{I} | | Leonard Moore | a. MOTHER'S MAIDIN NAME anna Belle Jackson |
| | Į5. ĮYas | 40 \$ 8/18/59-8/4/6/21338 3328 | John F. Moore Upper Mar porond. |
| | | PART I. DEATH Enfer only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thomas lings. On | and Shoele Sudden |
| 4 | | Conditions, if ony, which gove rise to immediate cause (b) Tracture and (c) strains the immediate cause (D) strains the modernian of DUE TO | Should and Crushed Chest Sudden |
| | Z | cause lost. (c) | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY |
| | HEICATIO | 200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED JENN | PERFORMED? YES NO |
| | CAL CERTIF | CAUSE OF DEATH. automobile Car | Clision Had Lucy 201 OF INJURY (Home, Form, 201. (City of town) (County) (State) |
| | MEDI | Hour a. m. 9/6 1961 While of work of work of factory 21. 1 certify that I took charge of the remains described above | envey 301 - Pr Georges Tud |
| | | death resulted from: Natural causes, Accident, Suicident | |
| The state of the s | | ACTUAL Paris Con Matter | M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER |
| | 22n | EXAMINER'S PAUPCUANNA LA CSS BURIAL, CREMATION, 1216. DATE THEREOF 1220. NAME OF CEMETERY OF GR | ST, DEPUTY MEDICAL EXAMINER & Sept 16 1961 |
| - | 1, | BEMOVAL (Specify) 9-21-61 Union Beth | REMAJORX 22d. LOCATION (Gity, town, or county) (State) PE CHUYCH T. B. X a y y a nd 1 / 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| ٧. | 7 | Mystle R. Sellers 4339 Nunt Pl. | DATE SEP 2 0 '61 Outher S. Kraye |

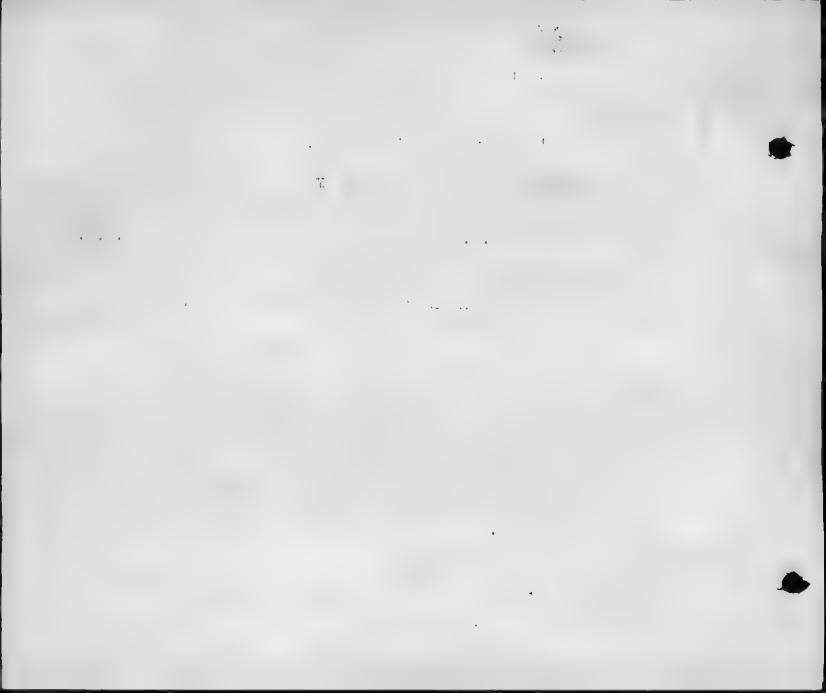
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



STREET, BALTIMORE 1, MARYLAND CATE OF DEATH Ttem 2-Film-G29L-9/11/61 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution; a. COUNTY e. STATE GEORGE TANGLES LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate I mits, c. C TY OR TOWN (If outside corporate him ts, wr 3 RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) YES NO IT 3. NAME OF DECEASED (Type or print) 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED WIDOWED dope during most of working life, even if retired)
NETIRED - CONFECTION C/2 (Yes, no, or 4 nkown) (If yes a vewaror detes of service) 18. CAUSE OF DEATH [Enfar only one causa per James PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 114 PERFORMED? NO -20a. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of invery in Pert I or Part II of Itam 18.) 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED , 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or lown) (County) (State) fectory, street, office bldg., etc.) While __ Not While ef work at work 21. I certify that (I) (this hospital) attended the deceased from goldy 3/...., 1961, to the first of the last saw the deceased slive on. 22a S GNATORE 22b. DATE SIGNED STAFF DIRECTOR T M.D. PHYS. PHYS. 22 PHYS CIAN'S 22d. ADDRESS WHEATON death. Provided villed villed v 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. I nstilution; ki a. COUNTY b. COUNTY Prince George's e. STATE Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits, c. C.TY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 of director or your write RURAL and give negrest town) Landover Hills Cheverly INAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6916 Annapolis Road General Hospital ?George s YES THE NO 3. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 179 Seatember 61 Murrav ge 5 may be and 2 with 1 72 hours afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRITE 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Male WIDOWED [DIVORCED January 10e. USUAL OCCUPATION (Give kind of work 1 1Db KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Missouri Govt Physician PM3. Pa pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Elizabeth Dunlap Henry Jamison Murray | Sara (Yes, no, or unkown) (If yes give we rordetes of service) Mrs Billie Mae Owens, same as # 18. CAUSE OF DEATH Enler only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: LNTESTINAL IMMEDIATE CAUSE (a) burial, moval, 1) DEUERE hemorrhagic entero-colitis Conditions, if any, which gave rise to immediate cause DUE TO (e), stelling the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY Call PERFORMED? In Safficience : Hypertrueny NO 200. EXTERNAL CAUSE WAS 2Db. DESCR BE HOW NIERY OCCORD. (Enter nature of 'n ure in Port I or Part II of 'tom 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 50 G Month, Dey, Yeer | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY (County) the C Pagin _Not While factory, street, office bldg., etc.) While et work | et work 21. I certify that I look charge of the remains described above, held an Autopsyx. Inspection 💢. Inquiry X. and in my opinion 0 please execute the certific is should be forwarded to VEUNERAL DIMECHO In its designated agent, p Undetermined manner death resulted from. Natural causes X, Accident Suicide Homicide 1 CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James I. Boyd NAME (Type) Address (Street, city, town, or county) 1 22c. NAME OF CEMETERY OR CREMATORY 226 BURIAL, CREMATION, 225. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0400 VS. AISME SM 9/60



certificote

death

attending physician

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10525 death. Page 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) filed **b** COUNTY b. CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL plid give negrest town) d NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION 3 NAME OF Middle DECEASED Pages (Type or print) DEATH B. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years DIVORCED (WIDOWED I 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMAN SECURITY NO. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, | 20f (City or town) 20c TIME OF INJURY 20d. INJURY OCCURRED Day, Year factory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. . 19 6 / that I last saw the deceased 21. I certify that I attended the deceased from... and that death occurred at 7 34 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) က 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge Burial Specify 9/8/61 Arlington National Arlington.

ADDRESS

Hyattsville, MarylandonisEP 7

e. IS RESIDENCE

IF UNDER I YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRYS

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES ☐ NO ☐

> > (Stote)

Vа.

(State)

(County)

24b REGISTRAR'S SIGNATURE

arilar & thous

240. REC'D BY REGISTRAR

Manths

YES INDIA

196

VS A15 (4) 15M 10/57

23 FUNERAL DIRECTOR'S SIGNATURE

Francis Gasch's Sons



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 105871. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Prince Georges by the and 2 death. MARYLAND Maryland Prince Georges b, CITY OR TOWN (if outside corporete fim ts, c. LENGTH OF STAY IN 15 CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Write RURAL and give negrest lown) 16 days Cheverly Hyattsville Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) e. IS RES.DENCE ON A FARM? YES NO 36th Ave. Prince Georges General Hospital NAME OF DATE DECEASED OF (Type or print) DEATH Sept. Frances Noon and cor 16. COLOR OR RACE 7, MARRIED NEVER MARRIED 5 SEX 9. AGE (In years 'IF JNDER I YEAR ff JNDER 24 HRS B DATE OF BRIH lest birthdey) | Months Days WIDOWED -19 March Female death certificate oling physician a remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland S Housewife own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Inez Trail Unk. ℸ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewarordetesofservice) Peter T Noon Hvattsville Md. 18. CAUSE OF BEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) has been signer he burial-transit DUE TO attending Conditions, if eny, which (b) geva rise to immediate cause DUE TO (a), stating the underlying certificate has lor use as the bur prior to burial, TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) | 19. WAS AUTOPSY PART II, OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH hospital PERFORMED? NO D 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 200. ACCIDENT WAS UNDERLYING L. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After this 3 should be detached for 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Yeer (County) While fectory, street, office bldg., etc.) __Not While at work et work 21. | certify that (i) (this hospital) attended the deceased from...... 19...., to..., 19...., that (I) (we) last 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. Jeath. 76 4 r FUNERAL I director, page 3 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Deitz. M.D. ... Hyattsville. Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 236, BUR AL, CREMATION, 235, DATE THEREOF 8053 Ft Lincoln Cemetery Sept 30, 1961 Colmar Manor Md. 25e, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Gasch's Sons VR A15 (4) Hyattsville, Md. 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



AND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S DEATH 1. PLACE OF DEATH 2. USURI, RESIDENCE (Where deceased lived, if institution Residence before edmission) a COUNTY MARVIEND b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside corporate i mils, write RURAL and give needest town) director. and give neerast town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar a. IS RESIDENCE ON A FARM? retained he State B YES NO T NAME OF 4. DATE DECEASED OF the (Type or print) DEATH AGE (In yours IF UNDER 1 YEAR last birthday) | Months Days 6. COLOR OR RACE 7 MARRIED WIDOWED DIVORCED 10e USUAL OCCUPATION (Give kind of work 106 KIND OF BUS NESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done wring most of working life, even if relired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give werer detes of service) CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Office **DUE TO** Conditions, if any, which [6] gave rise to immediate cause DUE TO (a), stating the underlying cause last. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110, 19, WAS AUTOPSY CERTIFICATION PERFORMED? the word Medical NO 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18... PRIMARY T or CONTRIBUTING T CAUSE OF DEATH. 20c. TIME OF NJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 2Df. (City or lown) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. ± 4. at work at work prior sase execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ..., Inspection [1] - and in my opinion agent, death resulted from Natural causes [17] Suicide Homicide I Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU NAME (Type) Address (Street, city, lown, or county) 9359 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, REMOVAL (Specify) REC'D BY REGISTRAR 24a. 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 Orthor & Times



PLACE OF DEATH a. COUNTY be filed funeral b. CITY OR TOWN (If outside careopate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town placys d NAME OF HOSPITAL (If not in, haspital, give street address) OR INSTITUTION NAME OF Middle First DECEASED file Mattie G. death (Type or print) oges 6 COFOR OR RACE 5. SEX 7. MARRIED THEVER MARRIED completely after WIDOWED [7] DIVORCED [7] during most of working life, even if retired) рио pou SATHER'S NAME b

F. Gasch's Sons

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 7. USUAL RESIDENCE Where deceased lived. If institution, Residence bear a mission) b. COUNTY Prince George Maryland c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Tuxedod. STREET ADDRESS IS RESIDENCE ON A FARM? 5500 Tuxedo Road YES NO IX 4. DATE Day Month Year DEATH Owens 196 IF UNDER I YEAR IF UNDER 24 HRS AGE (In years 8. DATE OF BIRTH last birthday) Manths Days Hours Min JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17, INFORMANT CAUSE OF DEATH [Enter only one cause per line for (α), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🖫 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II af item 18-) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) Manth. Day, Year (Caunty) (Slate) factory, street, affice bldg., etc.) D. m. While Nat while at work of wark p. m. 21. 1 certify that (1) (this hospital) attended the deceased from Quo 20 _ 126 1 to 2042 19.6.L. that (I) (we) last and that death accurred at AM, from the causes and on the date stated above. saw the deceased alive an-226 SIGNATURE 22b DATE SIGNED ATTENDING PHYS. MED DIRECTOR -M.D. PHYS. 22c PHYSICIAN'S 22d, ADDRESS NAME (Type) 236. DATE THEREOF BURIAL CREMATION, 23c NAME OF CEMETERY OR CHARLES RY 23d LOCATION (City, town, or county) (Stote) Burial (Specify) Suitland Md. Ceder Hill ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR 256 REGISTRAP'S SIGNATURE

DATE

Hyattsville, Maryland

physician ¥ith With ottending d Fhe þ remayal, permit. gned been si buriol-transit physician cremation, has ar attending certificate the Ö After this haspital detached Health FUNERAL DIRECTOR: þ å 3 shauld page the Sto 2

requires that the death

VR A15 (4) 15M 9/59



CERTIFICATE OF DEATH 10590Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH o. COUNTY **b. COUNTY** be filed MARYLAND lanc Inco the funeral should be fi c. CIPCOR TOWN (If outside carporate limits, write RURAL and give nearest lawn) CITY Of TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest town) U. K. G. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE 0 YES NO NAME OF DECEASED DATE Day OF DEATH (Type or print) 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Doys Hours Min. WIDOWED A DIVORCED | 11. BIRTHPLACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) KNOW ofler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 9 KNOW hours WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 2.00 lel FOR (if yes, give wor or doles of service) attending CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPY PERFORMED? YES 🗀 NO C 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d INJURY OCCURRED 20f (City or town) (Slote) (County) factory, street, office bldg, etc.) Hour o m While Not while at work al work p. m. 21. I certify that I attended the deceased from a "that I last saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. ACTUAL SHE PLATUE TO FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d/LOCATION (City, town, or county) 246 REGISTRAR'S SIGNATURE 240. REC'D'BY REGISTRAR 1 8 '61 VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



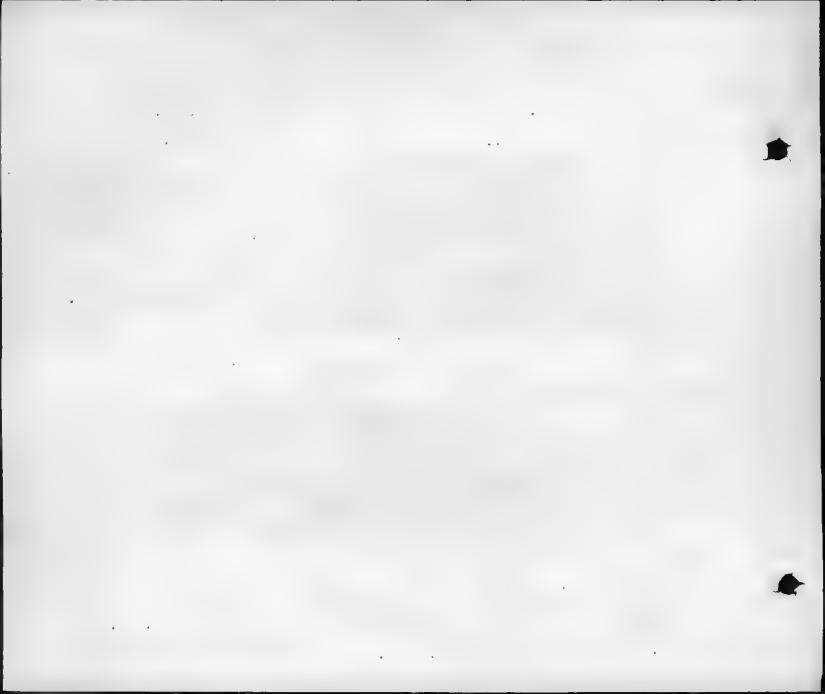
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF REATH

| | | 10501 CERTIFICATE OF DEATH | | | | | | 0502 | |
|---|---------------|--|--|---------------------------------------|--|-------------------------|-----------------------------------|---|--|
| | ٥ | COUNTY Prince George | 7 | ND 2. | usuat RESIDENCE (Whe | id b | COUNTY Pri | nce George's | |
| | Ь | CITY OR TOWN (If outside corporate limits, RURAL and give negrest town) College Park, Md. | LENGTH OF STAY IN 1 year | 1b | c CITY OR TOWN (IF ou | ege Park | | d give nearest town} | |
| / | 0 | NAME OF HOSPITAL (If not in hospitol, given institution 8405 Patuxent aven | ive street address) | 1 | d street address 8405 Patuxent Avenue, e. IS RESON A | | | | |
| 1 | | NAME OF DECEASED Type or print) Robert | | Pan | nebaker | 4. DATE OF DEATH | Manth Sept | 30, Yeor 30, 19 61 | |
| | 5. S | mole while | 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | | Oct 20, 19 | last | (In years IF UND birthday) Months | ER I YEAR IF UNDER 24 HRS Days Hours Min. | |
| | 10a. | USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) | Social Secur: | | | gton D C | | US A | |
|) | 13. [| FATHER'S NAME Gustave B Panneba | aker | 1 | 4. MOTHER'S MAIDEN NA Mamile | | | | |
| | 15. ¹ | WAS DECEASED EVER IN U. S. ARMED FORCI no, or unknown) [If yes, give wor or dates of sen | | Hele | rmant en E Panneb | aker Co | Address 11ege Pa | rk, Md. | |
| | | 18. CAUSE OF DEATH [Enter only one cous PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) '~/ / /) DUE TO | (Bronari | 7-1 | rombo | ais 1 | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | Conditions, if any, which gove rise to immediate cause (a), staling the <u>under-lying cause lost.</u> (b) DUE TO | Hyperson | · · · · · · · · · · · · · · · · · · · | Ver | lax | melar | - /3 | |
| | CERTIFICATION | PART II. OTHER SIGNIFICANT CONDI | | 1 BUT NO | T RELATED TO THE TERMIN | NAL DISEASE COND | OITION GIVEN IN P | ART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO | |
| | | 200. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 20b. DESCRIBE HOW INJURY OCC | URRED. (E | Enter nature of injury in P | ort i ar Part II af i | tem 18.} | | |
| | ■EDICA! | 20c TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 | 20d. INJURY OCCURRED While Not while at work at work | e. PLACE factory | OF INJURY (Hame, farm, street, office bldg etc.) | 20f. (City or taw | n) | (County) (State) | |
| | | 21 1 certify that (I) (this haspital) saw the deceased alive an | 1.24 (.1 | | 1 20 - | M, from the k | | he date stated abave. | |
| | | 220. SIGNATURE CONTROL ATTENDING MED STAFF OF 10-1- SIGNED PHYS DIRECTOR PHYS DIRECTOR DIRECT | | | | | | | |
| | | 22c PHYS CIAN'S NAME (Type) W-L. Z | ETIENNE | | 22d ADDRESS | Ferunge | - Drd | selser Dark | |
| | | BUR AL, CREMAT ON, 23b DATE THEREOF Oct 4, 1 | 23c NAME OF CEMETE 2961 Ft Linco | | | 23d. LOCATION (C | Manor, N | (State) | |
| | | F. Gasch's Sons | ADDRESS Hyattsville M | | | BY REGISTRAR T 2 '61 | 256 REGISTRAR'S | SIGNATURE S. KLAUB | |

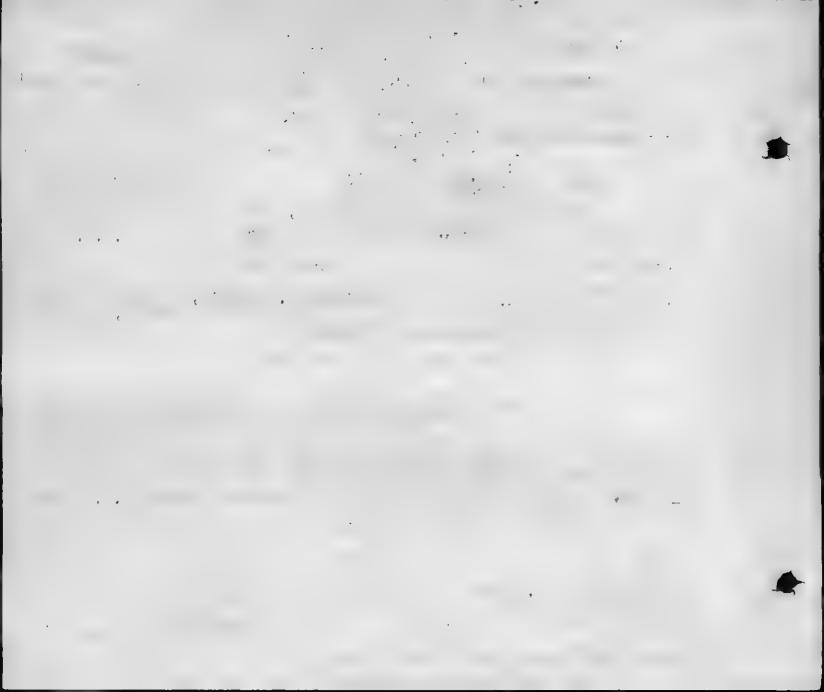
TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be referred by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled they the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, withtin 22 haurs after death

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0502 MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution y is necessary, I director, Page or your files. oard of Health, e. COUNTY b. COUNTY Prince George's Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give neerest town) Lanham Transient Lenham d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) for d. STREET ADDRESS 20 e. IS RESIDENCE In a wooded area back of his home ON A FARM? e retained the State B Good Luck Road YES NO X 3. NAME OF Akledella 4. DATE OF (Type or print) DEATH Carter aria September 6 19 61 2 with a 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. (ast birthdey) Months | Male White WIDOWED [DIVORCED 52 yrs June 22,1909 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
Truck Driver Maryland U.S.A. Railway Express pages 1 Give Page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Paris Sarah 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Winifred T. Baldwin, 6034 Telegraph Rd permit. I (Yes, navor unkown) [(Ifyes give wer or dates of service) Lanham. 18. CRUSE OF DEATH [Enter only one cause per I ne for (a), (b), and (c). r's Office along w s a burial-transit p removal, and in a Hemorrhage and Shock ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Shot Gun Wound of the Head (b) gave rise to immediate cause ate, writing the word "pending" of the Chief Medical Examiner's OR: Page 3 should be used as a rior to burial, cremation, or res **DUE TO** (a), steting the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO -X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, lenter neture of Injury In Part I or Part II of item 18.1 PRIMARY FOR CONTRIBUTING to the edge of the woods and shot 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) Month, Dev. Yeer (County) (Stete) Not While factory, street, office bldg., etc.) P.G. OR: P Mdet work 💢 et work In a wooded area Lanham 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion U execute the be forwarde. Suicide PS death resulted from: Natural causes Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL. should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED The state of the s 9/6/61 James I. Bovd NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220, BURIAL CREMATION. 22h DATE THEREOF 22d, LOCATION (City, town, or country) (Stete) Burial (Specify) ₫40 g Ft. Lincoln Colmar Manor, Md. 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Hyattsville, Maryland | DATE Francis Gasch's Sons 5M 9/60 Orthur & House



| | | RYLAND STATE D STATISTICAL RESEARCH AI | | | | | | | | | |
|-----|--|---|---|---|---|--|--|--|--|--|--|
| | 19593 CERTIFICATE OF DEATH | | | | | | | | | | |
| | 1. PLACE OF DEATH a. COUNTY Prince George | MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admits of STATE Maryland b. COUNTY Prince Geo: | | | | | | | | |
| | b. CITY OR TOWN (If autside carporate limits, write PURAL and give pearest town) Beltsville | c. LENGTH OF STAY IN 16 | | | | | | | | | |
| -() | d. NAME OF HOSPITAL (If not in haspital, give street or institution Eleven Cedars | address) | d. STREET ADDRESS 4336 Clage | e IS RESIDENCE ON A FARM? YES NO | | | | | | | |
| | 3. NAME OF First DECEASED (Type or print) Anna | Middle L. | Last | 4. DATE Month OF Sept. | 24, Year 61 | | | | | | |
| | S. SEX Female 6 COLOR OR RACE 7 MARR WIDOWE | | B. DATE OF BIRTH Oct. 22, 187 | Land Inhalt State Court 2 | Aanths Days Hours Min. | | | | | | |
| | 10b USUAL OCCUPATION (Give kind of wark dane 10b during most of working life, even if retired) Housewite | Own Home | TRY 11. BIRTHPLACE (State of Marylan | | U.S.A. | | | | | | |
|) | Christopher Buttner | | 14. MOTHER'S MAIDEN N Rebecc | a Stanzey | | | | | | | |
| / | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown) [If yes, give wor or dates of service] | | FORMANT Albert B. Pa: | Address rsons Same as | | | | | | | |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. | e for (a), (b), and (c). Let einst Claude De | Perk He | ine. | INTERVAL BETWEEN ONSET AND DEATH | | | | | | |
| | PART II OTHER SIGNIFICANT CONDITIONS C | | | | | | | | | | |
| | OR CONTRIBUTING CAUSE OF DEATH CAU | | | | | | | | | | |
| | 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur a. m. 9, m. 19 While at wark a | | | | | | | | | | |
| | 21 I certify that (I) (this hospital) attends saw the deceased alive an 9.2.2 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) | 19 <u>6</u>] , and that d | leath accurred at | | an the date stated abave 22b DATE SIGNE | | | | | | |
| | 23g. BUR AL, CREMAT ON. 23b DATE THEREOF 9/26/61 | 23c NAME OF CEMETERY O | R CREMATORY | 23d LOCATION (City, fown, or Baltimore, | caunty) (State) Md. | | | | | | |

Hyattsville, Maryland

25b. REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR

DATE SEP 2 7 '61

VR A1S (4) 15M 9/59 24 FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons



AARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions e. COUNTY e. STATE **6. COUNTY** b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (il outside corporate limits, write RURAL and give neerest form) MARYLAND c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Cheverly Bellemead, Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince George's General 4000 74th. Place Hospital DATE DECEASED OF (Type or print) DEATH Paugh DATE OF BIRTH Lynn 9. AGE (In years I F UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) WIDOWED DIVORCED Female June 10a. USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) None Maryland
Maryland
Maryland None 13. FATHER'S NAME Mary Jo Hallisey Guy William Paugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMAN' (Yes, no, or unknwn) ((i) vesaive werardetes of service) Mary Jo Hallisey game NO NORE OF DEATH [Enter only one cause per line for (e., (b), and (c).] PART I. DEATH WAS CAUSED BY: Amphyxia due to :MMEDIATE CAUSE (e) DUE TO Suffocation geve rise to immediate cause **DUE TO** (a), stating the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY v 206. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Pert I or Pert I of Item 18.) CAUSE OF DEATH. 3 the Chie R: Page fectory, street, office bldg., etc.) et work et work Hyattsville P.G. Home 21 I certify that I took charge of the remains described above, held an Autopsy inspection 😿 , Inquiry 🛖, Undetermined manner death resulted from Natural causes Accident 🕌 , Suicide Homicide | olease execute the cash should be forward FUNERAL DIRI CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county) <u>540</u> VS. A15ME 5M 9/60

17 409XV:

10. 1961

e. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

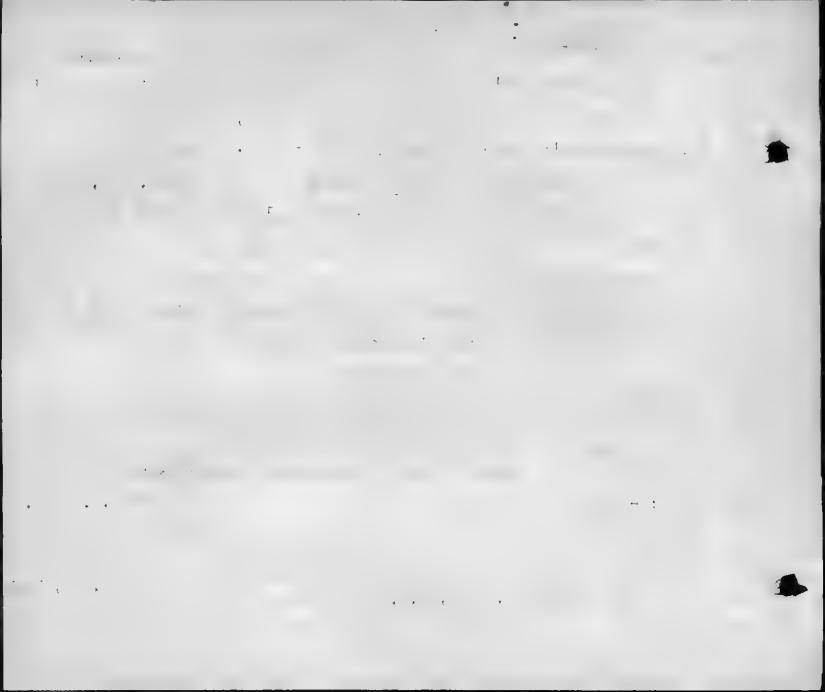
INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO To

and in my opinion

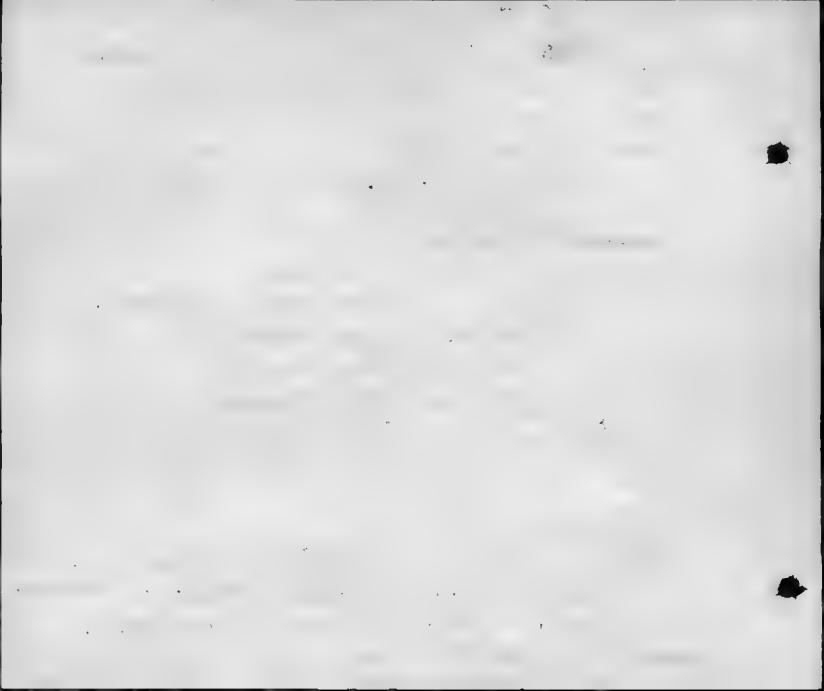
DATE SIGNED

USA



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution e. COUNTY b. COUNTY a. STATE by the fand 2 s death. Prince George's MARYLAND Harvl and Prince_George's b CITY OR TOWN of pulside corporate limits. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearast town) Cheverly Bladensburg lled d NAME OF HOSPITAL OR INSTITUTION ('I not in hospital, give street address) d STREET ADDRESS . IS RES DENCE ON A FARM? YES NO Prince George's General Taussig Road 3. NAME OF 4. DATE comple DECEASED OF pape DEATH (Type or print) K. Pfeifer September 19 Anna 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH AGE (In years (IF UNDER 1 YEAR IF JNDER 24 HRS. lest birthday) pue Months Female January 10a. USUAL OCCUPATION Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if refired) S own home 13. FATHER'S NAME" 1 14. MOTHER'S MAIDEN NAME Ralph Denniston Mary Eates ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) Bladensburg Md. Fred D Pfeifer 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c). INTERVAL BETWE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ... DUE TO Conditions, fany, which gava risa to immediate ceuse DUE TO (a), stating the underlying t: After this certificate detached for use as the PART I. OTHER SIGNIFICANT CONDITIONS WAS ALTOPSY 8 0 PERFORMED? NO F 2De ACCIDENT WAS ENDERLYING 20b. DESCRIBE HOW IN.URY OCCURED. (Enter nature of neury in Part I or Part II of stem 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED . 20a. PLACE OF INJURY (Home, ferm. 20f. (City or fown) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., atc.] While Hour a.m. at work at work DIRECTOR: 19.61, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from..., and that death occured at 4 M, from the causes and on the date stated above. saw the deceased alive on 220. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. LiSeptember L. FUNERAL 22c. PHISTEIAN'S 22d. NAME (Type 1210 Chillum Manor Rd., W. Hyattsville, Md. 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATURY REMOVAL (Specify) Gate of Heaven Cemetery & # 0 # & 5, 1961 Silver Springs ADDRESS 477 A BOOK COLOSSO. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

AGRYLAND STATE DEPARTMENT OF HEALTH



TO HOSPING OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be reported by the hospital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremotal, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

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| MA | KTLAND | SIAIE | DEPA | KIMENI | I OF HEA | ALIH |
|-----------|-------------|----------|--------|---------|-----------|-------------|
| /ISION ®F | STATISTICAL | RESEARCH | AND RE | CORDS — | BALTIMORE | 1, MARYLAND |
| | | | | | | |

| | 1459 | <u>S</u> | CERTIFI | CAIE | JE DEATH | 125/61 | i ule | 4-6 | VE-0-0 | |
|---------------|--|--------------------------|-----------------------|---------------|---------------------|------------------------|-------------------|------------|-------------------------------------|--|
| 1 | PLACE OF DEATH | 0.05 | MARYLA | 0 | JAL RESIDENCE (WI | | If institution: I | Residence | on) | |
| | b. CITY OR TOWN (If autside corpore | ate limits, write c. 1 | LENGTH OF STAY IN | - 1 | TITY OR TOWN (IF | viside carporate lin | nits, write RURA | L and give | e nearest fown) | |
| | RURAL and give nearest tawlif | 1d. | 5 years | | Hyat | tsville | 7 | 5/ | | |
| | d. NAME OF HOSPITAL (If not in has OR INSTITUTION | spital, give street addr | ress) | d | STREET ADORESS | -1 1 | | , | e. IS RESIDENCE ON A FARM? | |
| _ | 2619 Nicholson | • | | 121 | 17 /10 | ch 0/50 | n | | YES NO X | |
| | NAME OF DECEASED (Type or print) | rint nces | Middle | Pr | LIKSZAS | 4. DATE OF DEATH | Se b7 | - | 13 961 | |
| 5 | SEX 6 COLOR OR | RACE 7 MARRIED | NEVER MARRIED | B. DAT | OF BIRTH 190 | 03 9 AG | 1 1 1 1 1 | UNDER 11 | YEAR IF UNDER 24 HRS | |
| 7 | emale wit | WIDOWED | - | - | g 22, /1/90 | 08° 50 54 | yrs yrs | | | |
| 100 | USUAL OCCUPATION (Give kind a during most af warking life, even if Housewife | retired) | n of Business or | INDUSTRY 1 | Minnesot | | | | NOFWHATCOUNTRYS USA | |
| 13. | FATHER'S NAME | 1 0 11 1 | 2 230mC | 14. / | OTHER'S MAIDEN I | | ! | | | |
| | Unknown | | | | Mar | y ? | | | | |
| 15. | WAS DECEASED EVER IN U. S. ARM | | IAL SECURITY NO. | 17. INFORM | NT | | Address | | _ | |
| | | 10 | | Otto | J Preiks: | eas Hy | rattsvi | lle | Md. | |
| | 1B. CAUSE OF DEATH [Enter only | | rr (a) (b), and (c)] | | 4 / 67 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | PART I. DEATH WAS CAUSE IMMEDIATE CA | AUSE (a) UO | norman | La ! | y rece | un el | ill | | | |
| | 154X DUETO HARTE + | | | | | | 1500 | | | |
| | Canditions, if any, which a gave rise to immediate | (b) | NUMBER | عدد | | | | | 101110 | |
| | cause (a), stating the <u>under-</u> lying cause last. | DUE TO | | | | | | | | |
| z | PART II. OTHER SIGNIFICAN | (c) NT CONDITIONS CON | TRIBUTING TO DEAT | H BUT NOT R | LATED TO THE TERM | INAL DISEASE CON | DITION GIVEN | IN PART 1 | (a) 19 WAS AUTOPSY | |
| CATIC | PERFORMED? YES NO | | | | | | | | | |
| CERTIFICATION | 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM | DEATH | E HOW INJURY OCC | CURRED. (Ente | nature of injury in | Part I ar Part II af | item 18.} | | | |
| MEDICAL | | · · | RY OCCURRED 2 | Oe. PLACE OF | INJURY (Home, form | 20f. (City or tov | vn) | (Cai | unly) (State | |
| MED | Haur a. m. While Nat while factory, street, affice bldg., etc.) p m. 19 at wark at wark | | | | | | | | | |
| | 21 I certify that (1) (this ha | ispital) attended | the deceased fi | ram /0 - | 27 19 | 6/ , ta 9- | -11 | 1941 | , that [1] (we) las | |
| | saw the deceased alive an | 8-11 | _196 ∫ and t | hat death | accurred at 51 | M, fram the c | auses and a | | date stated above | |
| | 220 SIGNATURE ATTENDING MED. STAFF 9-13-61 SIGNED | | | | | | | | | |
| | 22c PHYSICIAN'S NAME (Type) RCLULF) | NO FILLILA | LIUSON M | | d. ADDRESS | | | | , | |
| 230 | PREMOMAL (Specify) | 1 | C NAME OF CEMET | | | 23d LOCATION (| | ounty) | (State) | |
| | | 15, 1961 | Arling | ton Na | | Arling | | | | |
| 24 | FUNERAL DIRECTOR'S SIGNATURE Gasch's Soni | s Hyattı | ADDRESS SVIlle Md | | 25a. REC | D BY REGISTRAR | 25b REGISTRA | AR'S SIGN | 6.00 | |



's after death. Page 4 TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 that's after death. Page 3 may be researed by the haspital ar attending physician.

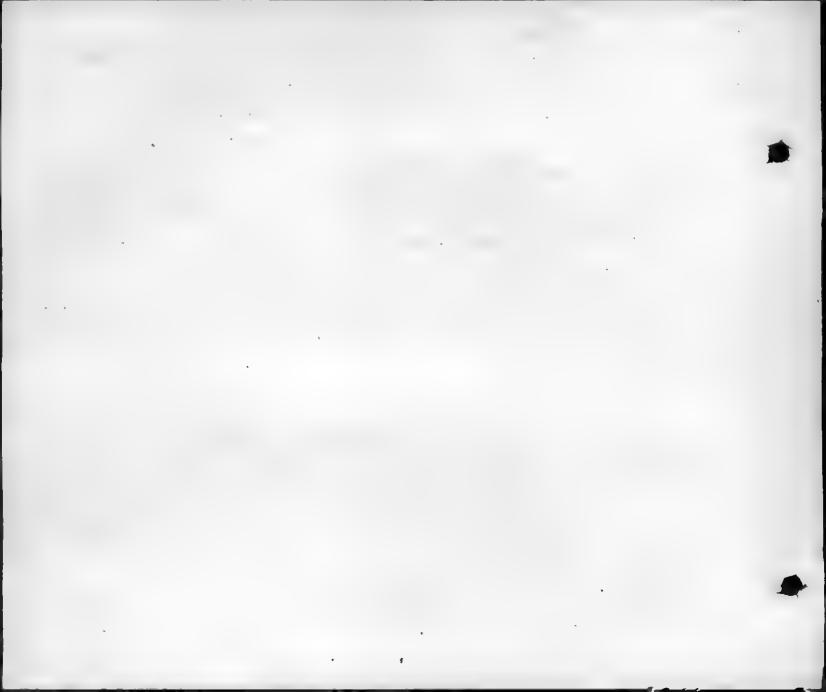
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled a by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| 597 | CERTIFICATE | OF DEATH |
|-----|-------------|----------|
| | | |

| | | 20004 | CERTIFI | CATE OF DEAT | П | Reg. Dist | No. | | | | |
|------|---|--|---------------------------------------|--|-------------------------------|--------------------------|-------------------------------|--|--|--|--|
| 1 | PLACE OF DEATH | | | 2. USUAL RESIDENCE (W | here deceased lived | If institution: Resident | e before beforesion) | | | | |
| | Pr. | George Co. | MARYLAI | o. STATE Marvl | and b | COUNTY Pr. (| Geo. Co. | | | | |
| | b CITY OR TOWN (If RURAL and give ned | outside corporate limits, writerest town) | c. LENGTH OF STAY IN | 16 c. CITY OR TOWN (IF | outside corporate lim | nits, write RURAL and go | | | | | |
| _ | Suitlan | id_ IId. | | Hiller | est Hots | . // | | | | | |
| | d. NAME OF HOSPITA OR INSTITUTION | L (If not in hospital, give str | eet oddress) | d. STREET ADDRESS | | _ | e. IS RESIDENCE ON A FARM? | | | | |
| _ | Suitland | Nursing Ho | ome | 2349 lver | son St. | S. E. / | YES NO IN | | | | |
| 3 | NAME OF DECEASED | First | Middle | Last | 4. DATE OF | Month | Day Year | | | | |
| | (Type or print) | Catherine | E. | Quigley | DEATH | Sept. | 12, 1961 | | | | |
| S | SEX | | ARRIED 🔲 NEVER MARRIED | 8 DATE OF BIRTH | 9 AG | 1 () () () | YEAR IF UNDER 24 HRS | | | | |
| | Female | White wood | OWED DIVORCED | Oct.5, 188 | | O yrs. Months | Days Hours Min. | | | | |
| l Qo | USUAL OCCUPATION during most of working | N (Give kind of work done I ng life, even if retired) | 06. KIND OF BUSINESS OR II | NDUSTRY 11. BIRTHPLACE (Stote | or foreign country) | 12 CITIZ | EN OF WHAT COUNTRY? | | | | |
| | Retired | V | Wash.Term.Co | . Wash. | D. C. | U.S | 5.A. | | | | |
| 13. | FATHER'S NAME | | | 14. MOTHER'S MAIDEN | NAME | | | | | | |
| | Michae | l Quigley | | Rose | Doughert | v | | | | | |
| | WAS DECEASED EVER | | 16. SOCIAL SECURITY NO. | INFORMANT | 1./ | Address | | | | | |
| | No | yes, give wor or other or service) | No | Mary Quigle | y 2349 | Iverson S | St. S.E. | | | | |
| | 18. CAUSE OF DEAT | TH [Enter only one couse pe | r line for (o), (b), and (c) | | , | | INTERVAL BETWEEN | | | | |
| | PART I. DEAT | H WAS CAUSED BY: | en elatin | Meantha | eline | | ONSET AND DEATH | | | | |
| | IMMEDIATE CAUSE (a) AMAJOR TO COLOR TO | | | | | | | | | | |
| | Condition it are which the terips (less to less to see the land | | | | | | | | | | |
| | | gove rise to immediate | | | | | | | | | |
| | couse (o), stoling the under. DUE TO | | | | | | | | | | |
| z | lying couse lost. (c) | | | | | | | | | | |
| | PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? | | | | | | | | | | |
| 3 | *** | | | | | | YES NO | | | | |
| ERTI | 200. ACCIDENT WAS | CAUSE OF DEATH! | DESCRIBE HOW INJURY OCCU | JRRED. (Enter nature of injury in | Port I or Port II of it | tem 18) | | | | | |
| 0 7 | (IF EITHER, NOTIFY A | | | | | | | | | | |
| Š | 20c. TIME OF INJURY Hour a. m. | | d. INJURY OCCURRED 200 nile Not while | PLACE OF INJURY (Home, form factory, street, office bldg., etc.) | m, 20f. (City or tow c.) ! | n) (Co | punty) (State) | | | | |
| MEDI | p. m. | | work of work | | | | | | | | |
| | 21. I certify the | at I attended/the dece | eased-from 1 | 1 cm , 1955, 10 | 6/12 | 196/that I las | t saw the deceased | | | | |
| | alive on | 09/91.1 | and that de | eath occurred at 4:30/ | | | date stated above. | | | | |
| | 6 | 7 | | | ADDRESS (Street, ci | | DATE SIGNED | | | | |
| | ACTUAL SIGNATURE | tand for | narly | MD 290/F | -air/a | un 5 f. Si | E 9/12/6, | | | | |
| | | 1 1 | | | | | | | | | |
| | PHYSICIAN'S NAME (Type) | David L | Enardus ?! | Was (| 21,00 | <u>e</u> | | | | | |
| 220 | BURIAL, CREMATION | , 22b. DATE THEREOF | 22c. NAME OF CEMETER | RY OR CREMATORY | 22d. LOCATION (| ity, town, or county) | (Stote) | | | | |
| | REMOVAL (Specify) | Sent. 015 | | ivet | Was | | 1. | | | | |
| 23. | FUNERAL DIRECTOR'S | | ADDRESS | | D BY REGISTRAR | 24b. REGISTRAR'S SIG | NATURE | | | | |
| | | Ryan And | 377 Penna. | | eED 1 5 '61 | Osthur S | | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10598 Real Distri Al 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Rejudence before admission) filed COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate/limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give featest town) RURAL and pive nearest lown) 20 d. NAME OF HOSPITAL Uf not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 600 3. NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH S. SEX 6. COLOR OR PACE 7. MARRIED W NEVER MARRIED DATE OF BUTH 9. AGE (In Cors last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys WIDOWED [6 yes DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 THELACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA SECURITY NO. (Yes, no. or unknown) (1) yes, give wor or datases service) INFORMANT Address 18. CASSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 7224 **DUE TO** Conditions, if ony, which y thrombosis gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19] WAS AUTOPSY PERFORMED? YES NO Z 20g. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or lown) Day, Year (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while of work al work 21. I certify that I attended the deceased from 19 that I last saw the deceased alive an and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) ACTUAL SIGNATU should PHYSICIAN'S WEAVER NAME (Type) 3 BURIAL, CREMATION, 22c MAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole) **ADDRESS** 245. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Christing S. Through VS A15 (4) 15M 10/57



BALTIMORE 1, MARYLAND FOR STATE 2. USUAL RESIDENCE (Where deceased lived, if institution, Resident I. PLACE OF DEATH e. COUNTY 6 COUNTY b. CITY OR TOWN (if outs de corporete NDYWINE d. NAME OF HOSPITAL . IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE DECEASED (Type or print) DEATH 1961 BERT 9. AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) WIDOWED X DIVORCED 12. CITIZEN OF WHAT COUNTRY? pages ON, BRANDYWINE, 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO DUE TO (a), sleting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY PERFORMED? NO 4 20a. EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 201 (City or town) Month, Dey, Year (County) 20c. TIME OF INJURY (State) factory, street, office bldg., etc.) While at work at work 21 I certify that I took charge of the remains described above, held an Autopsy | |. Inspection 4 Inquiry 4 and in my opinion Natural causes . Suicide death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MED CAL EXAMINER **FUNERAL** blase exe Address (Street, city, town or county) DEP g 40 g 24e. REC'D SY REGIST VS. A15MF arthur & Kines 5M 9/60

STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institutions Residence before admiss on a. COUNTY a. STATE b. COUNTY Washington, D. C. (TY OR TOWN (If outside corporate I m ts, write RURAL and give neerest town) Prince Ceorge S
b. CITY OR TOWN (if outside corporate limits, MARYLAND E LENGTH OF STAY IN 16 write RURAL and give neerest town) l dav Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, a. IS RESIDENCE STREET ADDRESS ON A FARM? 8200 Largo Road YES NO Prince George's General Hospital DATÉ Month DECEASED OF Type or print) DEATH Vincent Richardson Sentember 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (n years IF UNDER 1 YEAR . IF UNDER 24 HRS. last birthday) Months Male WIDOWED [DIVORCED [Colored 10e. USJAL OCCUPATION (GIV & kind of work 10b, KIND OF BUSINESS OR NOUSTRY 11 JUNE 14PLACE (County & State, or fore gn country) 12 CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if ratirad) Prince George Share-cropper Farmer USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richardson John Richardson Elizabeth 15. WAS DECEASED EVER N L.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17. INFORMANT Address (Yes, no, or unkown) (dyesgivawarordatasofservice) Mrs. E Josephine Richardson. Wife 18. CAUSE OF DEATH [Enter only one cause per line for ia), (b), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the underlying PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INIURY OCCURED, (Enter netura of injury in Part I or Part II of Itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Stala) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., atc.) While _Not While Hour a.m. at work at work, 19.6.5, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... . ., and that death occured at James, from the causes and on the date stated above saw the deceased alive on 226 DATE 22a, 5 GNATURE ATTENDING PHYS. 22c. PHYS CIAM'S 22d. ADDRESS-J « 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (Stata) REMOVAL (Specify) Holv Family Cemeterv Mitcheville, Maryland Burial 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

ADDRESS

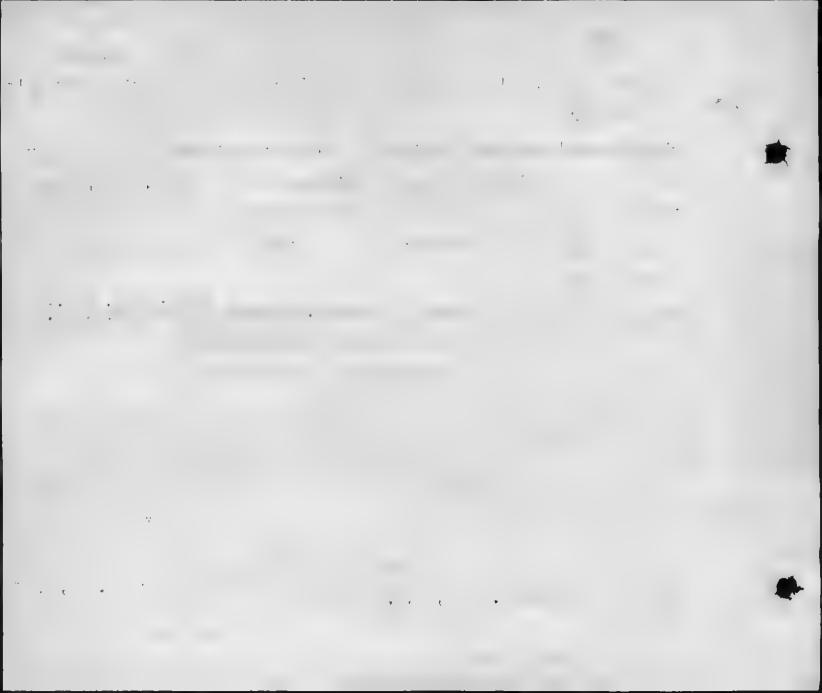
4 m Ε physici please attending Then please 1 certificate ha After may be retain DIRECTOR: FUNERAL O F B H VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S



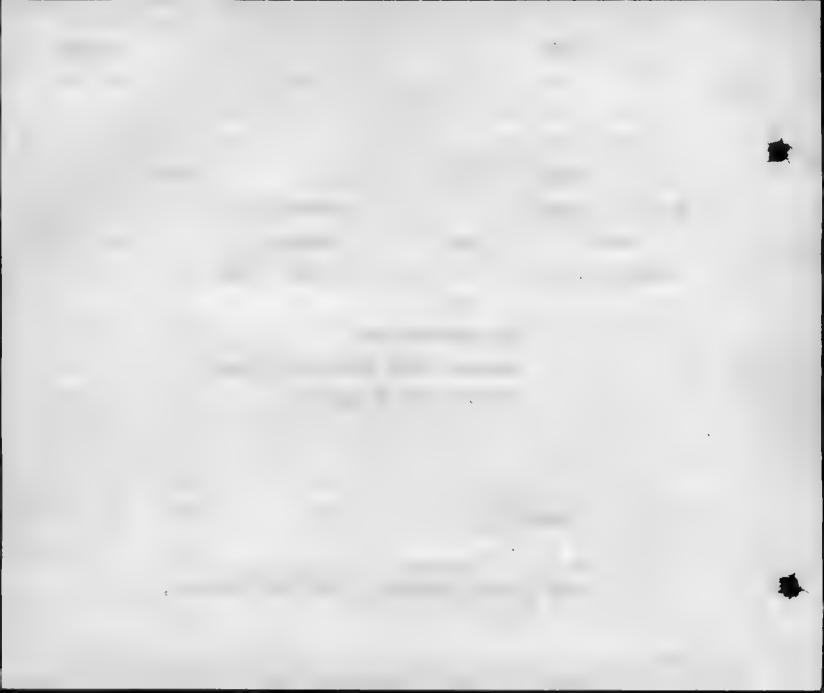
Division of STATISTICAL RESEARCH AND Item // Film G/45 4/10/61 I. PLACE OF DEATH a. COUNTY Prince George! s MARYLAND Maryland b. CITY OR TOWN (if pulside corporale limits. director. write RURAL and give nearest town! Cheverly Kentland ralo d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Prince George's General Hospital 7710 Greeley Road DECEASED may be re-OF (Type or print) DEATH R1 thman 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH (ast birthday) WIDOWED T DIVORCED [74 yrs. Female Page 5 s 1 and 7 n 72 ho 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) PM3. Pages 1 PM3. Pages 1 pages 1 within 7 Italy 13. FATHER S NAME - WORK At Home M. MOTHER'S MAIDEN NAME Item 18. Give it with form PM permit. File parany event with the parany event even John Yours Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) Harry R. Rithman No. is. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] ng" in pencil in Ite rr's Office along v is a burial-transit p removal, and in PART I. DEATH WAS CAUSED BY: Acute dongestive heart failure IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Cardiovascular renal disease geve rise to immediate cause g the word "pending f Medical Examiner's 3 should be used as a rial, cremation, or re 95 DUE TO (a), stelling the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTORSY CERTIFICAMON Diabetes 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neutra of injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | a certificate, writing the arded to the Chief N. RECTOR: Page 3 stagent, prior to burial CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection sheese execute the certific to should be forwarded to prover the prover the provents of the designated agent, its designated agent, its Natural causes death resulted from-Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) TEMETERY OR CREMATORY DEF 22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Q40 9 Burial 23. FUNERALDIRECTOR DEPORTED 246. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE VS. AISME Circhar L. Tisano 5M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND 0594 2. USUAL RESIDENCE (Where deceased lived, if institution Prince George's c. CITY OR TOWN (If outs de corporata l.m.ts, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year 19 61 Sept. 12 JE UNDER 24 HRS. Months Deys Hours 12. CITIZEN OF WHAT COUNTRY? USA 37th. Manor Md Colmar ONSET AND DEATH PERFORMED? NO THE (County) (State) Inquiry + and in my opinion Undetermined manner DATE SIGNED 22d. LOCATION (City, town, or country)



MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Whara daceased lived, If institution, Rasidanca bafore admission) b. COUNTY PRINCE GEORGES c. CITY OR TOWN (If outside corporata I mils, write RURAL and give nearest town) CAPITOL HEIGHTS a. IS RESIDENCE ON A FARM? 615 49TH AVENUE YES NO L Month DEATH SEPTEMBER 17 19 61 IF UNDER 24 HRS. 9. AGE (In years . IF UNDER 1 YEAR last birthday) Months 18 30 12. CITIZEN OF WHAT COUNTRY? UNITED STATES Address. INTERVAL BETWEEN ONSET AND DEATH 3 HOURS 18 HOURS 18 HOURS WAS AUTOPSY PERFORMED? YES X NO -2Df. (City or town) (State) 19 61 to 17 SEPT 19 61, that (I) () last 19.61, and that death occurred at 745th, from the causes and on the date stated above. 22b. DATE 5.GNEO STAFF PHYS. SEP 61 USAF HOSP, ANDREWS AFB, WASH 25 DC 23d. LOCATION (City, town or county) (State) 258. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Circling S. House



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

10596

| L | | 10603 | | CERTIF | ICA II | E OF DEA | | 10 44 | | |
|---------------|--|---|------------------------------------|----------------------------------|--------------------|---|------------------------|--------------------------------------|----------------------------|--|
| 1 | PLACE OF DEATH o. COUNTY | Prince (| | MAR) | LAND | USUAL RESIDENCE | Mhere deceds | b. COUNTY | on: Residence be Prince | fore admission) Georges |
| | b. CITY OR TOWN RURAL ond give r | (If outside corporot legrest fown) Cheverly | | c. LENGTH OF STAY | IN 16 | | ttsville | arate limits, write R | URAL and give n | earest town) |
| | d. NAME OF HOSPI OR INSTITUTION Prince | , | | Hospital | | d. STREET ADDRE | ss 5 Kenned | ly Street | t | e. IS RESIDENCE ON A FARM? YES NO |
| 3. | NAME OF DECEASED (Type or print) | Edwin | First | Middle | | losi Rodman | 4. DATE OF DEATH | · | t. 2 | 2 19 61 |
| 5 | sex Male | 6. COLOR OR R | WIDOWE | IED 🔀 NEVER MARRI | | 12 Nov 1 | 900 | 9. AGE (In years lost birthday) yrs. | Months Doys | Hours Min. |
| 10 | | ON (Give kind of riking life, even if n Reader | work done 10b etired) | KIND OF BUSINESS C | DR INDUSTR | Y 11. BIRTHPLACE (| Stole or foreign o | country) | | · A . |
| 13 | FATHER'S NAME | | | | | 14. MOTHER'S MAIL | | | | |
| ı | Edw | ard P. H | odman | | | Alice | Adams | | | |
| | . WAS DECEASED EV | ER IN U. S. ARMED (If yes, give wor or do | | SOCIAL SECURITY NO |), 17 INFO | RMANT | | Add | ress | |
| | | ATH WAS CAUSED IMMEDIATE CAU IMMEDIATE CAU Immediate Di Immediate Di the under- | BY: | rtino | csc | luote | | luo. Rh | | TERVAL BETWEEN NSET AND DEATH |
| CERTIFICATION | PART II OT | | | ONTRIBUTING TO DE | | | | | /EN IN PART 1(a) | PERFORMED? |
| | | AS UNDERLYING E G CAUSE OF DI MEDICAL EXAMIN | EATH NER) | TRIBE HOW INJURY C | CCURRED. | Enter noture of inju | ry in Port I or Po | rt II or item 18.) | | |
| MEDICAL | 20c. TIME OF INJU Haur a m. p. m. | | y Year 20d. IN While at work | VJURY OCCURRED Not while of work | | E OF INJURY (Home y, street, office bldg | | y or town) | {Count | y) (State |
| | 21. I certify the saw the deced 22a SIGNATURE 22c. PHYSICIAN'S NAME (Type) | ased glave on | Jack | ed the deceosed | from 4 that dec | ATTENDING _1 | MED DIRECTOR C | the causes ar | nd on the do | that (I) (20) los te stoted above 22b.DATE SIGNEI |
| 23 | BURIAL, CREMATIC REMOVAL (Specify | ON, 23b. DATE TI | HEREOF | 23c. NAME OF CEM | ETERY OR | REMATORY | 23d LOCA | ATION (City, town, | or county) | (State) |
| | Burial | 9/5/6 | 1 | Fort Line | | | | adensburg | | |
| 24 | FUNERAL DIRECTOR | R'S SIGNATURE | ., | ADDRESS : | 12 6 | 450 | REC'D BY REGIS | STRAR 25b. REGI | STRAR'S SIGNAT | URE |
| | Aleas J. | uneral | Hame | in 4. | 514, | D.C. DAT | EP 5 '6' | - | 2 Km | A |

after death. Page

and 2 should be filed with

OR ATTENBING EHYSICIAN: The law require that the death certificate be executed within 24 had by the haspital or attending physician may be recreed by the haspital or attending physician

TO FUNERAL MIRECTOR: After this certificate has been signed by the attending physicial and completely filled page 3 should be detoched for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to buriol, cremation, ar remaval, and in ony event, with page 2 hours ofter death.

TO HOSP: VR A1S (4) 1SM 9/59





FOR STATE 1. PLACE OF DEATH e. COUNTY a. STATE Prince George's MARYLAND b. CITY OR TOWN (if outside corporate I mils, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Riverdale Burtonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) retained Leland Memorial Columbia DECEASED (Type or print) DEATH Sante Santini 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BRIH WIDOWED X DIVORCED Male White September 15, 1870 106, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Laborer pages 1 Farming 13. FATHER'S NAME Antonia Santini Eurosia Grilli Φ IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) ((If yes give wer or detes of service) Anthony P Santini None 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c), I Office along burial-transit p 1. DEATH WAS CAUSED BY: end Fracture of the right IMMEDIATE CAUSE (a) DUE TO Terminal pneumonia Conditions. eny, which geve rise to immediate cause N O DUE TO (e), steting the underlying should be ial, cremati 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS writing the PRIMARY TO CONTRIBUTING Fell walking in the bathroom 1 20d, INJURY OCCURRED 1-20s, PLACE OF INJURY (Home, farm, ' 20f, (City or town) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While et work at work prior 10:00 mx Home 21. I certify that I took charge of the remains described above, neld an Autopsy Inspection | -0 lease execute the certific should be forwarded to FUNERAL DIRECTO Accident | Undetermined manner death resulted from: Natural causes Suicide. Hom cide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO EXAMINER'S JAMES 1 NAME (Type) D. M.D. Add. Address (Street, city, town, or county) DEP 22d. LOCATION (City, town, or country) 22e. BURIAL. CREMATION. BETAOVAL (Specify) ₽40 p 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA 15 '61 VS. AISME

MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE I MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) b. COUNTY Maryland
c. CITY OR TOWN (If outside corporate limits, write RURA. Montgomery . IS RES.DENCE ON A FARM? YES NO TE Year September 9 I IF UNDER 24 HRS. last b'rthday) Months 12. CITIZEN OF WHAT COUNTRY? Italy Address Same INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO [(County) MdMontgomery

DATE SIGNED

Sept.

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CITY OR TOWN (If outs'de corpor

RURAL and give nearest town)

d. NAME OF HOSPITAL (If not in hose OR INSTITUTION

Frince Georg

Prince

Cheverly

6. COLOR OR

Whit

PLACE OF DEATH

o. COUNTY

NAME OF DECEASED

S. SEX

(Type or print)

13. FATHER'S NAME

no

CEMIFICATION

Female

10a USUAL OCCUPATION (Give kind o

15. WAS DECEASED EVER IN U. S. ARM

Conditions, if thy, which gove rise to immediate couse (a), stoling the underlying couse lost.

20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 20c TIME OF INJURY Month, Hour o.m. P. m. 21 I certify that (!) (this ha saw the deceased alive on

during most of working life, even if

None

Christian

CAUSE OF DEATH | Enter only PART I, DEATH WAS CAUS IMMEDIATE C.

PART II OTHER SIGNIFICAL

| DIVISIO | | YLAND STATI STATISTICAL RESEARCE CERTIFIC | H AND | | HEAL MORE 1, | | ND | | | | |
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| 0 | | MARYLAI | - 11 | o. STATE | | | institution: OUNTY | Kesideni | ce before | gamission | |
| Geor | | c LENGTH OF STAY IN | | flaryl | | | | | | Lancan American | |
| - OTE INTIIIS, | WILLIE | 1 0 | 10 | c. CITY OR TOWN (If o | · | prote limits, | WITTE KUK | 200 | The undire | _4 | |
| spital, giv | a street c | 4 days | | d. STREET ADDRESS | imore | | | 21 | - | IS RESIDEN | JCE. |
| | | al Hospital | | li20li | Harf | ord | Terrs | ice | 8. | ON A FAI | RM2 |
| First | | Middle | | Lost | 4. DATE | | Month | | Day | Yeor | |
| Lill | v | | | Schmidt | OF DEATH | | Sen | t. | 3 | 19 | 61 |
| | | ED NEVER MARRIED | Dt B D | ATE OF BIRTH | 1 | 9. AGE (I | n years If | UNDER | | F UNDER 2 | V-1- |
| | VIDOWE | | | 3 July 18 | 83 | lost bit | yrs / | Aonths | Doys | Hours | Min |
| f work do | ne 10b l | KIND OF BUSINESS OR I | NDUSTRY | 11. BIRTHPLACE (Stote | or foreign c | ountry) | | 12 CITI | ZEN OF V | WHAT COU | NTRY? |
| remedi | I | t Home | | Baltimor | e Mai | rylar | nd | | U. | S.A. | |
| | | | 1- | 4. MOTHER'S MAIDEN N | | | | 1 | | | |
| Sch | midt | | | Emil | ie To | oebk | 3 | | | | |
| ED FORCE dates of serv | S? 16 5 | none | 17. INFO | 4204 H | arfo: | rd To | | e E | Balt | 0. 1. | 4, MI |
| D BY: | e per liñ | e for (a), (b), and (c).) | ~ | 1,8; | (t) | ř . | | | INTER | LAND BE | EN ATH |
| AUSE (0)_ Due to | | | | 00 | , | | 2 / | | 1 | -acus | /V_ |
| | | , , , , , , , , , , , , , , , , , , , | 7 | e clesa: | | HI | - de | | 111 | 1110 | 41 |
| (b)_ Due to | | | | | | | | | - | Jac | |
| (c) | | | | | | | | | | | |
| | TIONS C | ONTRIBUTING/TO DEATH | ON TUBY | PLATED TO THE TERMI | NAL DISEAS | E CONDIT | ION GIVEN | IN PAR | | WAS AUT PERFORME YES 173 N | .D7 |
| DEATH | OF DESC | RIBE HOW INJURY OCC | URRED. (E | inter nature of injury in f | Port I or Po | rt II of item | 18) | | | <u> </u> | |
| y, Year 19 | 20d. IN While of work | Not while | | OF INJURY (Home, form, street, office bldg, etc. | | y or town) | - (| 1 | County) | | (State) |
| spital) | attend | the deceased from | 2,00 | h accurred at 3. L | alta_ Milfram | the cau | ses and | - | | it (I) (we stated al | |
| De | In | doney | M.D | ATTENDING ME | D. | STAFF | | | | 22b. D. | GRED |

the funeral pe should ≥, € and campletely filled Poges after popers. event, within 72 hours and physician гетоме offending please in ony the puo à or removol, TO HOSPIC OR ATTENDING PHYSICIAN: The low requires the may be to led by the hospitol or otherding physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burital-transit permit places 3 should be detached for use as the burital-transit permit places as a should be permit places.

ATTENHING INTSICIAN: The low requires that the death certificate by executed within A

with director,

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hours offer death. Poge

VR A1S (4) 1SM 9/S9

REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE HENRY SANDER & SONS

22º SIGNATURE

22c. PHYSICIAN'S

NAME (Type)

BURIAL, CREMATION,

23b

DATE THEREOF

/61 6

BALTIMORE

ADDRESS

Haloney . H. D.

23c NAME OF CEMETERY OR CREMATORY

22d. ADDRESS

CEMETERY

71st Ave.

andover Hills 16 23d LOCATION (City, town, or county)

BALTIMORE MARYLAND 2Sb REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR

INC. BALTO. MD.

DATESEP 6

arthur S. Knows

(Stote)



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 7. USUAL RESIDENCE (Where decassed lived, if institution: Rasidence before admission) a. COUNTY (Washington, 21, D. County Prince George's MARYLAND b. CITY OR TOWN (if outside corporete l'mits, c, CITY OR TOWN (I outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest Jown] Hillcrest Heights 20 days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hospital 26th Ave., Hillcrest YES 🔏 NO 🗌 NAMEOF DECEASED September 61 (Type or print) Wilma Shine DEATH 0. 19 IE LINDER 24 HRS B. DATE OF BIRTH AGE (In years of UNDER 1 YEAR) . 7. MARRIED T NEVER MARRIED T last birthdey] [Months Hours Female White D. VORCED 10a. USJAL OCCUPATION (Givs kind of work 10b. KIND OF BUSINESS OR INDUSTRY LIRTHPLACE (County & Stelle, or foreign country) 112. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired} 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME Etha Williams Owen Obaugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 7414- Varnum Street Hyattsville, Maryland. (Yes, no, or unknown) (Ifyesg vewerordelesofservice) Louise V. 18. CAUSE OF DEATH (Fater only one cause per knie for (eV (b), and (c).) INTERVAL BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gave rise to immadiate causa DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of itam 18.) 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, form, 1 20f. (City or fown) (County) (State) Month, Day, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. et work et work ..., and that death occured al.2:30. Add the causes and on the date stated above. saw the deceased alive on.... DATE 22a. SIGNATURE ATTENDING MED SIGNED -DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ME OF CEMETERY OF CREMATORY 23d. LOCATION (City, fown or county) BURIAL, CREMATION, 236. Suitland, Maryland. Hill Cometery

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

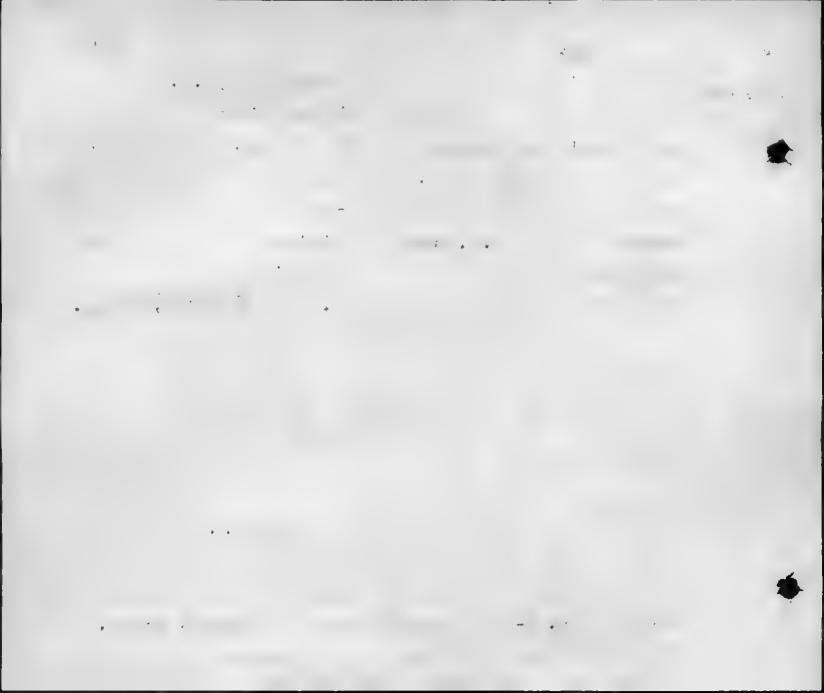
and 2 death. ڄ . 5 ed physician please 0 attending pue Then the been signed by burial-fransit has burial, the 0 certificate hosp.tal # Q use prior After may be reraine DIRECTOR: director, page to FUNERAL 0 H 15M 9/60

funeral

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VR A15 (4)

24 FUNERAL DIRECTOR'S SIGNATURE



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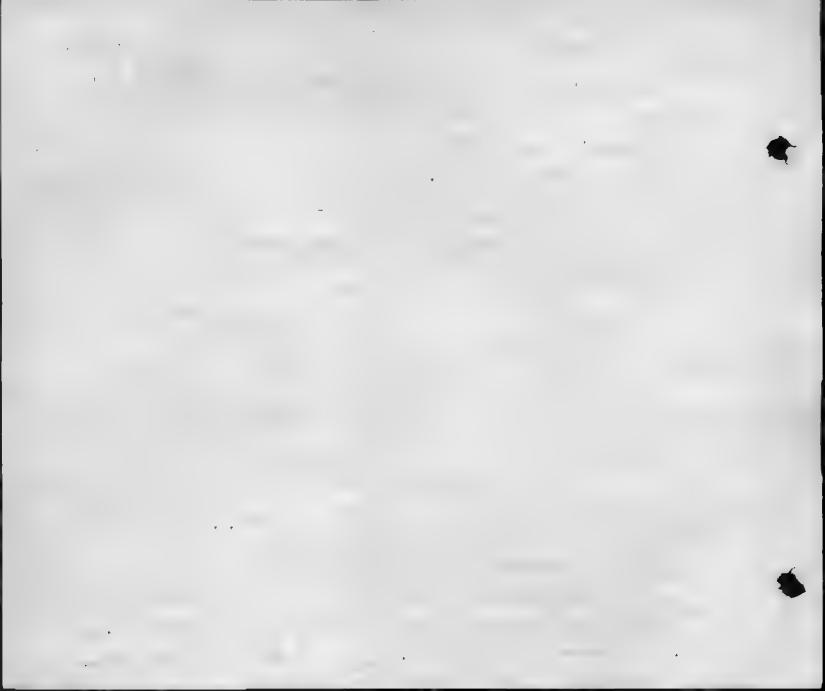
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hospital or attending physici certificate has been signed b r use as the burial-transit per

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4 may be retaine DIRECTOR: / 3 should be det

certificate



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been :

24 EUNERAL DIRECTOR'S SIGNATURE

ADDRESS

25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE SEP 11 '61

Cirling & Kroud

a. IS RESIDENCE

YES NO

19

IF UNDER 24 HRS.

PERFORMED? NO 3

(State)

22b. DATE

SIGNED

ON A FARM?

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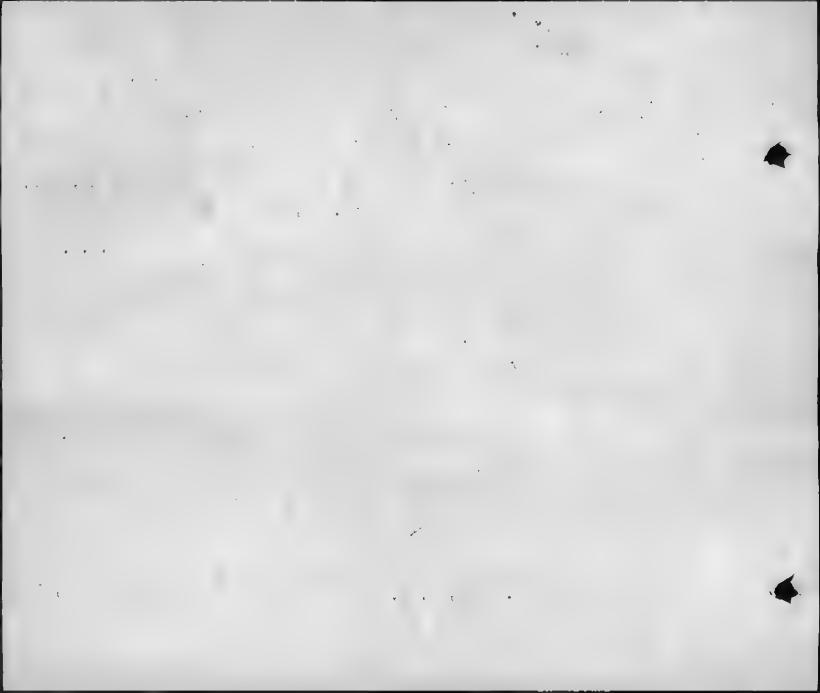




| 01 | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|
| الا | - | | CERTIFICATE OF DEATH Reg. Dist. No. | | | | | | | |
| Page 4 | M | 7 | PLACE OF DEATH O. COUNTY O. STATE O. STATE D. COUNTY O. STATE D. COUNTY O. STATE O. STATE D. COUNTY O. STATE O. STA | | | | | | | |
| ofter death the funeral shauld be fi | | Γ | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest form) RUBAL and give nearest form) COLONS C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | | |
| ors after | | | d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS 5360-0400 Hill Rd / PER NO NA FARM? YES NO DE NO | | | | | | | |
| filled | | | NAME OF DECEASED (Type or print) Blanche Markette Smith Death Sept. 23 1961 | | | | | | | |
| ed within letely fi | , | | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In years IF UNDER 1 YEAR IF UNDER 24 HRS In years IF UNDER 1 YEAR IF UNDER 24 HRS In years IF UNDER 1 YEAR IF UNDER 24 HRS In years IF UNDER 1 YEAR IF UNDER 24 HRS In years If UNDER 1 YEAR IF UNDER 24 HRS In years If UNDER 1 YEAR IF UNDER 24 HRS If UNDER 24 HRS In years If UNDER 1 YEAR IF UNDER 24 HRS In years If UNDER 24 HRS If Year | | | | | | | |
| execute nd com on pape death. | | 100 | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) What country? Denestic 12. CITIZEN OF WHAT COUNTRY? | | | | | | | |
| sician a | | 13. | GEORGE Williams Harriet Williams | | | | | | | |
| ing physic remove 72 hours | | | was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Plant of service) 577 460 503 The ma Turner Barnabas Rd. | | | | | | | |
| the death the ottending the please the within | | | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PROPERTY OF THE P | | | | | | | |
| es that ed by th rmit. Th | | | Conditions, if any, which power is to immediate (b) | | | | | | | |
| w requiricion. | | 2 | couse (o), stating the under. DUE TO Lying couse lost (c) | | | | | | | |
| in The law ng physion e has be burial-tra removal, | 0 | CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO | | | | | | | |
| tendin ificole ificole i the b | | | 20a ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) | | | | | | | |
| PHYSIC hat ar at this cert ir use as remotiar | | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while at wark of work 19 Not wor | | | | | | | |
| ENDING he hospi R: After oched fo burial, ci | 1 | | 21. I certify that I attended the deceased from SULLI, 1961, to 5601, 25, 1961, that I last saw the deceased alive on 5601, 21, 1961, and that death occurred at 11:057M, from the causes and on the date stated above. | | | | | | | |
| R ATT d by 1 RECTO be det ior to | 1 | | ACTUAL SIGNATURE KENNETH G. BYOWN.D. 3560-13th St. W. Wach St. | | | | | | | |
| OSPITAL O | | | PHYSICIAN'S Kenneth G. BROWN - 3560-13th of M.W 9-24-61 | | | | | | | |
| may by O.FUNI | | L | BURNAL CREMATION 22th DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) 15 (Stote) 25 Caul Methodisk Church Clm. Drom Hilly Wed. | | | | | | | |
| VS A15 (4) 15M 9/55 | | 23. | FUNERADDIRECTOR'S MEGNATURE ADDRESS MODESS HOLD STEAM REGISTRAR 24 REGISTRAR'S SIGNATURE TO THE TOTAL PROPERTY S. THATES | | | | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND ESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution Residence before admission) director, Page or your files, oard of Health, . COUNTY e. STATE **b.** COUNTY Prince Georges County MARYLAND Prince Georges b. CITY OR TOWN (if outs de corporete limits. C. LENGTH OF STAY IN 15 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 17 Days Cheverly Mount Rainier d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give straet address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Georges General Hospital 3213 Perry Street YES NO X 3. NAME OF Middle DATE DECEASED (Type or print) MADELINE DEATH SOPER September 11.19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH lest birthday) 50 yrs. Months. Female Hours White 15, Dec. WIDOWED [DIVORCED [10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 1 within U.S.A. PM3. 13. PATHER'S NAME 4. MOTHER'S MAIDEN NAME it. File | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ddress CL (Yes, no, or unknwn) ! [[[ves givewer or detes of service]] 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ARDIAC SPIRATORY 3nd IMMEDIATE CAUSE (a) **DUE TO** Surial 15 I DIOSYNCRATICKEACTION TO HYOPAQUE O Conditions, if any, which gave rise to immediate causa (5) **DUE TO** (a), stating the underlying cause lest. pesn cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? Pe Word Medical should be TITUITARY TUMOR CORONARY CERTIFICA 20B. DESCR.BE HOW INJURY OCCURED. (Enter nature of injury Inpart I or Pen, II of item II.) NO G age 3 short PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURD 200. PLACE OF INJURY (Home, form, 20f. (City or town) Chief 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Not While Hour a.m. ين <u>بــ</u> بن عــ at work et work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X 0 0 Inquiry X and in my opinion b pe death resulted from: Natural causes Accident X Suicide Homicide [Undetermined manner DIRE(exacute the call of the call of the forward CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** September BOYD, M. AMES NAME (Type) Address (Street, city, lown, or county) 9926 DE 22n. BURIAL, CREMATION I 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) P40 P 240. REC'D BY REGISTRAR VS. A15ME 5M 9/60 DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10615 **CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence polonical issues 1. PLACE OF DEATH a STATE Prince George MARYLAND Prince George Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Laurel d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? General Hospital 507 Gorman Ave. YES NOX 4. DATE Middle Last Month Doy Year OF DEATH Kathrvn Stanton September 17 19 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED **IF UNDER 1 YEAR IF UNDER 24 HRS** B DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min. WIDOWED [7] DIVORCED [哲4570 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Vane Housewife Maryland 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER UN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records 18. CAUSE OF DEATH [Enter only one couse perfor (a), (b), and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate **DUE TO** cause (a), staling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO | 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)* 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc.) While Not while ol work of work 21. I certify that I attended the deceased fram. that I last saw the deceased. and that death accurred at 10:15AM.

the fund should ᇹ 0

director.

670

20c. TIME OF INJURY Month, Haur o. m.

o. COUNTY

Laurel NAME OF DECEASED

(Type or print)

13. FATHER'S NAME

Nο

Female

5. SEX

alive on

PHYSICIAN'S

NAME (Type)

BURIAL CREMATION.

REMOVAL (Specify)

ACTUAL SIGNATURE

Warren.

George Street, Laurel, Maryland Prince NAME OF CEMETERY OR CREMATORY

240 REC'D BY REGISTRAR

ADDRESS (Street, city or town, state)

Prince George Street, Laurel, Md.

22d. LOCATION (City, town, or county)

246 REGISTRAR'S SIGNATURE

fram the causes and an the date stated above.

DATE SIGNED

(Stote)

23. FUHERAL DIRECTOR'S SIGNATURE

226. DATE THEREO

ADDRESE

SEP 2 6 '61

Certhur S. Kraus



Division of STATISTICAL RESEARCH AND STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, Il institution, religi e. COUNTY files Health, b. COUNTY Page rince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Transient Clinton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rear of Hyde Field in Gravel PitX YES IN NO I State death 3. NAME OF 4. DATE Month DECEASED ÷ (Type or print) Wallace Franklin Stephene DEATH September 19,19 61 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 128 DATE OF BIRTH 9. AGE (In years , IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX may 2 with last birthday) Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 115.17. Give Pages Labore pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME it. File 16. SOCIAL SECURTY NO. 1 17. INFORMANT IS, WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyes g ve war or dates of service) 18. CAUSE OF DEATH |Enter only one cause per I ne for (e), (b), end (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-trans Hemorrhage and shock IMMEDIATE CAUSE (e) Office **DUE TO** removal, Crushed skull Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? cremal NO FIE pino 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) Truck loaded with gravel turned over | 2Dd. NJURY OCCURRED #2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 6 at work X et work Gravel pit Clinton Md prior execute the certificate, 5 전 전 전 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🛣 , Inquiry 36. and in my opinion forwarded b Accident TT Suicide Undetermined manner death resulted from. Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE 9/19/61 **EXAMINER'S** NAME (Type) Address (Street, city, town, or county). AMES I DEP 228. BURIAL, CREMATION, 22d. LOCATION (City, fewn, or country) 40 6 D BY REGISTRAR I

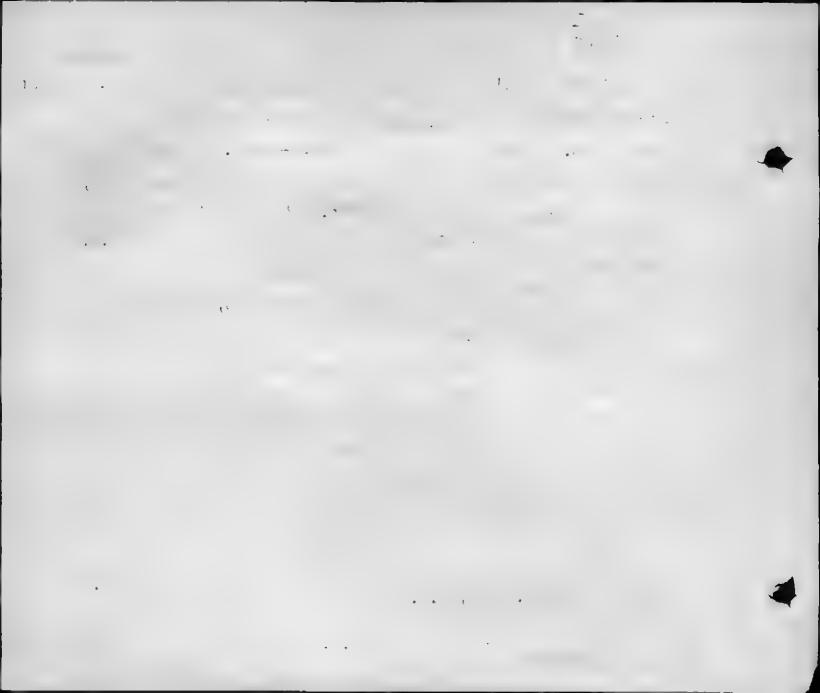


Is ne. director. P. vour files. retained Ice. the t with 2, and 3 be 5 may be 5 may be 2 with 1 hin 24 ho. Give Pages 1, -m PM3. Page 5 Office along with I-fransif Bud in pencil removal burial ease execute the certificate, writing the word "pending's should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a its designated agent, prior to burial, cremation, or ren

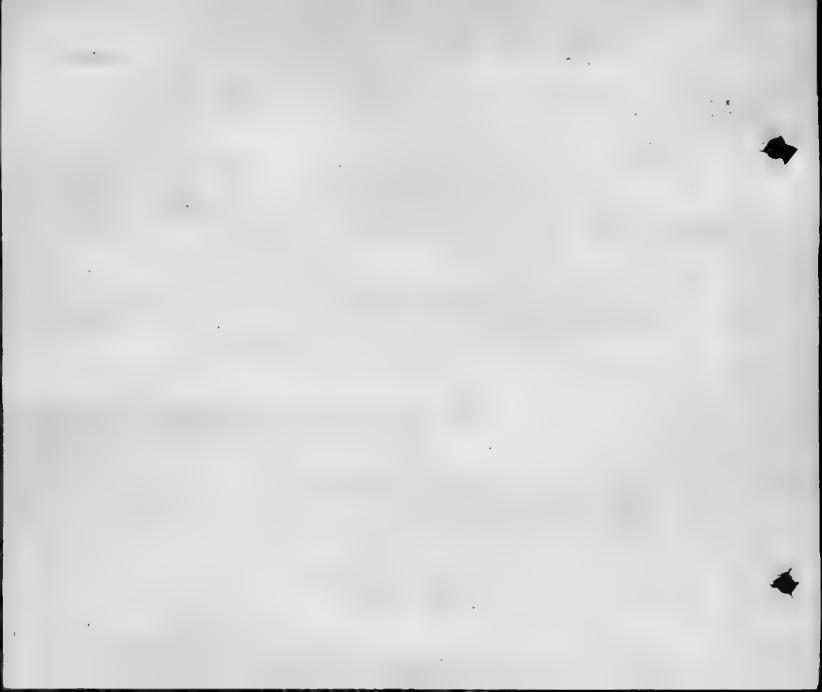
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased I ved. of obligations respond to the admission) 1. PLACE OF DEATH a. COUNTY m. STATE b. COUNTY Prince George's MARYLAND Maryland Prince Geor Prince George's b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) North Brentwood North Brentwood d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 4508 4508 4lst. 41 st. YES NO Avenue Avenue J. NAME OF Middle 4. DATE DECEASED OF (Type or print) Georgianna Stockett DEATH September 27 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF RRTH Birthdey) Months Days WIDOWED A DIVORCED Female Colored 10a. USUAL OCCUPATION (Give kind of work done during most of working becaven if refired) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Own Home Virginia .S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17 INFORMANT Address (Yas, no, or nkown) (Hyasgivawarordalesofserv.ca) Lorretta Stockett, same as 18. CAUSE OF DEATH [Enter only one cause par I na for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Exhaustion IMMEDIATE CAUSE (a) DUE TO Carcinoma of the stomach Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G. VEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part I of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJRY OCCURRED., 20e. PLACE OF INJURY (Homa, farm, 1 20f., (City or town) (Stata) (County) factory, street, office bldg., atc.) While __Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 📉 Inquiry X and in my opinion Natural causes [3] death resulted from. Suicide [Accident Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 27. 1961 JAMES I NAME (Typs) BOYD, M.D. Addr Address (Street, city, town, or county) 228, BURIAL, CREMATION 22b. DATE THEREOF 22d. LOCATION (City, fown, or country) REMOVAL (Spacify) BURDAL SHARP "TREET LUTUAL SANDY SPRING, MARYLAND 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

and on & Know

YS. AISME



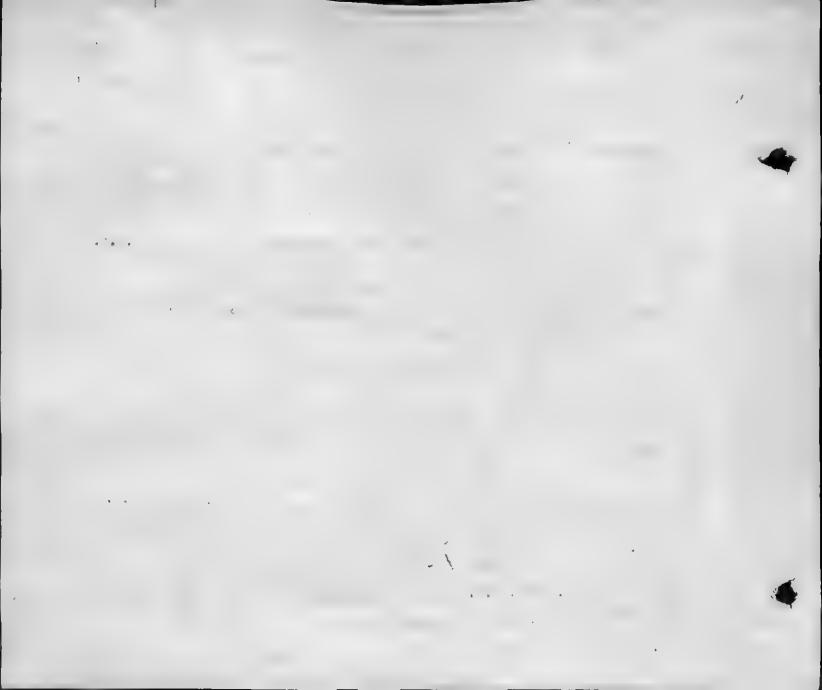
| 11 1 | | MARYLAND STATE DEPARTMENT OF HEALTH |
|--|------------|--|
| END STATE | | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |
| HEALTH DEPT. | 1. | PLACE OF DEATH 1 tom 9 11 m 029) 9/1/ USUAL RESIDENCE (Where deceased lived, if Institution, Religion admission) |
| Page, lies. | | . COUNTY Prince Georges MARYLAND . STATE maryland b. COUNTY Prince Georges |
| | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) |
| THE SELLIN | _ | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS A A A I OF IS RESIDENCE |
| Bog B | | Forestore harring Home Marloro Pike to YES NOTH |
| e fu.e staine State leath | 3. | NAME OF DECEASED And Middle Last 4. DATE Month Day Year |
| h. If to the re | _ | (Type or print) James Swithe Story DEATH Sept 16 1961 |
| deat may with | 5. | SEX SCOLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRT 9. AGE (in yours IF UNDER 1 YEAR IF UNDER 24 HRS. WILL WIDOWED DIVORCED DIVOR |
| To San Target | to | I. USUAL OCCUPATION (Give kind of work 10b, KUND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| Pag Pag in in | | Painter progress 10. a. |
| 24 h | 13. | FATHER'S NAME LENDRESSON LENDRESS |
| Third Giv | 15. | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT / |
| od wi | (10 | 15, no. or unknown) [tryes give wer or delessorservice) 579-40-4072 Thereby in glasses 184 leaks modellock |
| in the state of th | | 18. CAUSE OF DEATH JETTER only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH |
| be ex encil a alo | | IMMEDIATE CAUSE (6) CONTROLLE CONTRO |
| ould in posting of the posting of th | | Conditions, if ony, which (b) Cardio varcales rende decase |
| ling" ling" er's er's r rem | | geve rise to immediate cause (e), stating the underlying DUE TO |
| fifical pend amin sed an | z | CRUSS LOST. [C] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY |
| ord " ord " af Ex be u | ATION | PERFORMED? YES NO [|
| he w fedic rould | CERTIFICA | 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.) PRIMARY or CONTRIBUTING |
| ing thing the same | CAL C | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, , 20f. (City or town) (County) (State) |
| Wrijan Page | MEDIC | Hour e.m., While Not While fectory, street, office bidg., etc.] |
| Cate O of the Prior | _ | 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion |
| Sent, Sent | | death resulted from, Natural causes Accident . Suicide . Homicide . Undetermined manner |
| MED to the forwa forwa L DIB | | ACTUAL CHIEF MEDICAL EXAMINER CASSISTANT MEDICAL CASSIS |
| De Cur | | DEPUTY MEDICAL EXAMINER OF |
| DEPU sase ex should FUNE its des | 22 | NAME (Type) JANE() DOY O Address (Street, city, town, or county) |
| or its | 1 | REMOVAL (Specify) 9/20/// N A A A |
| VS. AISME | | FUNERAL DIRECTOR ADDRESS 248, REC'D BY REGISTRAR'S SIGNATURE |
| 5M 9/60 | | N. W. Chambers Co. Jol Cleveland Avenus EP 19'61 Circles & there |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, if institutions Residence before admission) a. COUNTY Page a. STATE b. COUNTY Maryland Prince George's Prince George's
b. CITY OR TOWN (if outside corporate limits, MARYLAND e. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) director. write RURAL and give neerest town) Bladensburg Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 4107 51st Avenue YES NO Prince George's General NAMEOF 4. DATE M adla Month DECEASED OF (Typa or print) DEATH 1961 after Szenas Charles September age 5 may be 1 and 2 with 1 72 hoers after 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF SIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last b rthday) Months July 24. WIDOWED T DIVORCED [Male White 10a. USLAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11, 8 RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working life, aven if retired) U.S.A. Peoples Drug Stores es Hungary
14. MOTHER S MAIDEN NAME Fountain Manager pages Unknown 8. Give Charles Szenas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) [[Ifyasgivawarordatasofservica] Office along with four burial-transit germit Charlotte Szenas, same as #2 Yes 1926 1926 18. CAUSE OF DEATH [Erter only one cause par line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Subdural Hematoma IMMEDIATE CAUSE (a) DUE TO Fracture of the skull Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY PERFORMED? YES XX NO T 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I of Itam 18.) shoul PRIMARY TO OF CONTRIBUTING burial, CAUSE OF DEATH. Fell in the street the certificate, writing Chief age 3 20e, PLACE OF INJURY (Home, farm, ; 2Df. (City or town) to the Chr 20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED (County) (Stata) factory, street, office bldg., atc.) While Not While Mdat work at work Bladehsburg P.G. Street prior 21. I certify that I took charge of the remains described above, held an Autopsy 😾 . Inspection 🐒 . Inquiry 🔀 and in my opinion forwarded to DIRECTO Accident Suicide Homicide | Undetermined manner X death resulted from: Natural causes CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED lease execute is should be for PUNERAL 1 execute SIGNATURE NAME (Type) James I. Boyd, M.D. Address (Streat, city, town, or county) 8200 Marlboro Pike. 226. DATE THEREOF 22c. NAME OF CEMETERY OR THE TOP ORY 22d. LOCATION (City, lown, or country) Arlington Va Arlington National 1961 Q 40 g 24a, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR F. Gasch's Sons VS. AISME William S. Thomas Hyattsville Md. 5M 7/59 DATECT 4



TO HOSPY: PR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be recovered by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages: Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10621

| | 0644 |
|--|--|
| 1. PLACE OF DEATH a COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution Residence of STATE of STATE) b COUNTY | ce before admission) |
| b CITY OR TOWN (f autside carporate limits, write RURAL and grant and give approach town) C. CITY OR TOWN (If autside carporate limits, write RURAL and grant approach town) | give nearest town) |
| d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION OF THE PROPERTY OF | e. IS RESIDENCE ON A FARM? YES NEW |
| 3. NAME OF DECEASED (Type or print) Henry E Middle Thomps DEATH Sept | 9 19 61 |
| male White WIDOWED DIVORCED May 7 1895 6 6 yrs. 24 | Pays Hours Min. |
| Retired car inspector Washington Term. Washington D C | ZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME | |
| Edward E Thornberry Amanda - | |
| 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address [Yes, no, or unknown] (If yes, give wor or dates of service) | |
| no Nellie C Thornberry Bowie, Md. | |
| 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (a relief of fermion of the company to a second of the com | INTERVAL BETWEEN ONSET AND DEATH |
| Candilians, if any, which) (b) afternal Hypertonicon | 5 mto |
| gave rise to immediate cause (a), stating the under lying cause last. DUE TO | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | 1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) | |
| 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Nat while at wark at wark at wark 19 at wark 19 Nat while 19 Nat wark 19 | County) (State) |
| 21 certify that (I) (this haspital) attended the deceased from 8 3 0 . 1961, to 9/9 . 1961 saw the deceased alive an 9/8 1961, and that death accurred at 5/29, from the causes and an the | I, that (I) (we) last |
| 220 S GNAPURE ATTENDING ATTENDING MED STAFF DIRECTOR PHYS | 225 DATE SIGNED |
| PAYSICIAN'S NAME (Type) HAROLD FMSCANN 3355-16 th J.N.W. | Wish 10,D |
| 230 BJRIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) REMOVAL (Specify) Sept 12, 1961 Church of Ascension Cemetery Bowie. | (State) |
| 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIG | |
| F. Gasch's Sons Hyattsville, Md. DATE SEP 14'61 | Y. Thous |



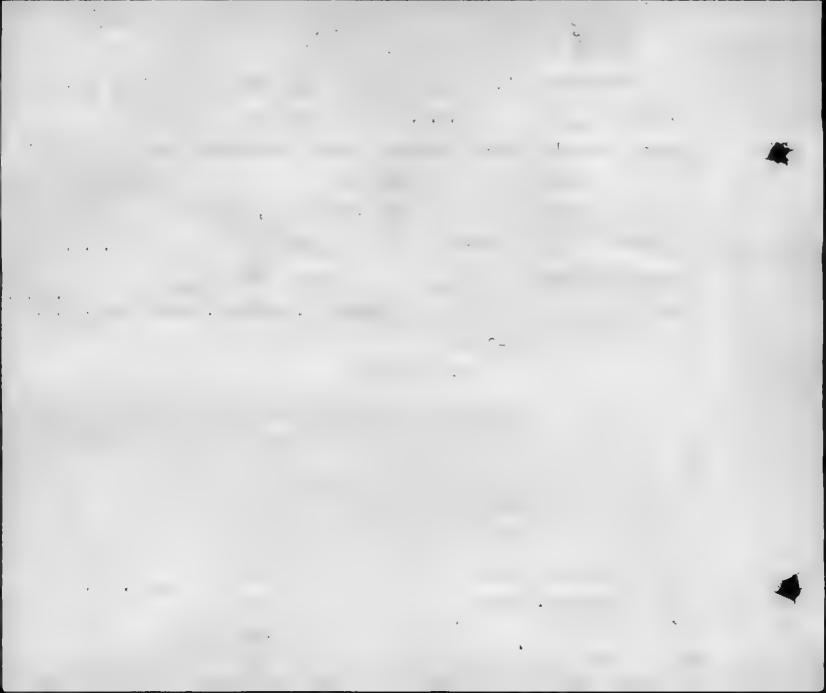
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission; a. COUNTY District of Columbia Prince Georges d 2 MARYLAND and 2 death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 ģ 1 year, 28 das. E Rural) Glenn Dale Washington hours after Pages i led i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENC ON A FARM? 1225 L Street. N. Glenn Dale Hospital YES NO K 3. NAME OF 4. DATE DECEASED (Type or print) DEATH 1961 Thornton A. Sept. Ida. 6 COLOR OR RACE 7, MARRIED THEYER MARRIED 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED TO DIVORCED T August 16. Female physician 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired U.S.A. Jefferson County, Tenn. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Elizabeth Lewis Harrison Rainwater 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) Person the 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c), l INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: l yr., l mo. IMMEDIATE_CAUSE (a) Pulmonary tuberculosis, DUE TO Conditions, if any, which gava risa to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8,) 19. WAS AUTOPSY Generalized Arteriosclerosis: fracture of right humerus and right femur 8/61; open reduction, right femur fracture, 8/61 NO TO 200 ACCOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter gature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR:19......., and that death occured at ...A.M., from the causes and on the date stated above. saw the deceased alive on...9. 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Glenn Dale Hospital, Glenn Dale, Md. Moe Weiss, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stafa) REMOVAL (Specify) 10 TENNESSEE BURT AT. 24 ELINERAL DIRECTOR'S STONATURE 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Orthur S. Kraus 15M 9/60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE OF STATISTICAL RESEARCH AND RECORDS OF STATISTICAL RESEARCH MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY Prince George's Prince Beorge's Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town b, CITY OR TOWN (if outside corporate I m ts, write RURAL end give neerest town) D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Oxon Hill a. IS RESIDENCE d. STREET ADDRESS ON A FARM? /8271 YES NO X Livingston Road Prince George's General Hospital DECEASED September 27 19 (Type or print) DEATH Vanderbeck LeRoy 9. AGE (In years HE UNDER 1 YEAR ! IF UNDER 24 HRS. with 6. CO. OR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH lest birthday) | Months | 24 he yess I, we Pages I, and Pages I and Y 17,1899 62 yes. DIVORCED X WIDOWED [January Male 1 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S.A. Farm New Jersey Laborer 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Fred Vanderbeck

IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Alice Wraght 232"Portland (Yes, no, or unkown) | (If yes give weror deles of service) Dorothy L. Sprankle Washington INTERVAL SETWEEN 18. CAUSE OF DEATH lenter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Toxemia IMMEDIATE CAUSE (a) a burial-DUE TO Lobar Pneumonia gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(8) 19. WAS AUTOPSY PERFORMED? NO I 205. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Itam 18.) 20a EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief / Page 3 s 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Homa, form, 20f. (City or town) (County) (State) Month, Day, Yeer factory, street, office bldg., etc.] Not While While et work et work Prior P 21 I certify that I took charge of the remains described above, held an Autopsy | ... Inspection | ... Inquiry | and in my opinion lease execute the certific should be forwarded to FUNERAL DIRECTC death resulted from: Natural causes Homicide | | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Sept. 27.1961 NAME (Type) Address (Street, city, town, or county) 22d. LOGATION (City, lawn, or country) ₽40 p 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR 23. EUNERAL DIRECTOR VS. AISME DATE Cl-Thur & House SM 9 60

VI AND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10697

TO HOSPIA RATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haves ofter death. Page 4 may be to death by the haspinal an otherholding physician.

TO FUNERAL SIRECTER: After this certificate has been signed by the otherholding physician and completely filled the fine funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59

10617

| ~ | | | 2 5 3 6 4 | | | | | | | | | | |
|---|---|---|--|---------------------------------|-----------------------------|---------------------|--|--------------------------|--|------------------------|--------------------------|---------------|--|
| | 1 P | LACE OF DEATH | nce Georg | e¹s | MARYL | 31 | usual residence (W | here deceased liv and | ed If institute b. COUNTY | on Residence Prince | before admiss GODDE | e s | |
| | t | CITY OR TOWN RURAL ond give to CHEV | (If outside corporate neorest town) CILY | limits, write | c. LENGTH OF STAY IN 3 days | N 1b | c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | |
| 7 | d. NAME OF HOSPITAL (If not in hospital, give street address) OR LINSTITUTION Prince George's General | | | | | | d street address 2804 63rd Avenue e. is resk | | | | | | |
| | [[| NAME OF DECEASED Type or print) | Le | _{Fist} onard | M.ddle F • | | Vass | 4. DATE OF DEATH | Sep. | tember | Day 3 | Yeor 19 61 | |
| | 5. \$ | Male | 6. COLOR OR RA | WIDOWE | _ | <u> </u> | 7-10-1894 | | AGE (In years last-pirthdoy) yrs | Months D | YEAR IF UND ays Hours | Min. | |
| | 100 USUAL OCCUPATION (Give kind of work done during move of working life, even if retired) Carpenter | | | | | | USTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY US A | | | | | | |
| | 13 (| FATHER'S NAME | T 17 | | | | 14. MOTHER'S MAIDEN | | | | | | |
| | | | Issac Va | 6.8 | | | 7 P | lartin | | | | | |
| | | | ER IN U. S. ARMED | | SOCIAL SECURITY NO. | 17 INFO | RMANT | | Add | ress | | | |
| | (122 | | 11 yes, give war or sain | p 0, 10, 110, 110, 1 | | Lec | eonard E Vass Berwyn Heights, Md. | | | | | | |
| | | 18. CAUSE OF DE | ATH [Enter only or | ne couse per lin | e for (o), (b), and (c).] | | INTERVAL BETW | | | | | | |
| | | PART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema | | | | | | | | | ONSET AND | | |
| | | 11.00 | | | | | | | | | | | |
| | | Company Arterioscleratic Heart Disease | | | | | | | | | year | S | |
| | | gave rise to immediate DISTO | | | | | | | | | | | |
| | | couse (a), stating the under- lying couse lost. (c) | | | | | | | | | | | |
| | z | | | | ONTRIBUTING TO DEAT | TH BUT NO | OT RELATED TO THE TERM | SINAL DISEASE C | ONDITION GIV | /EN IN PART 1 | (o) 19 WAS | AUTOPSY | |
| | CERTIFICATION | Fracture | ed hip | - | | | | | | | PERF | NO | |
| | | OR CONTRIBUTING | AS JNDERLYING ☐ G ☐ CAUSE OF DE Y MEDICAL EXAMIN | 206. DESC | CRIBE HOW INJURY OC | CURRED | Enter nature of injury in | Port i or Port II | of item 18.) | | | | |
| | MEDICAL | 20c. TIME OF INJU Hour o.m. p. m. | | Year 20d IN While of worl | Nat while | Oe. PLACI foctor | OF INJURY (Home, for y, street, office bldg , et | m, 20f. (City or c.) | town) | (Cor | unity) | (State) | |
| | | 21 Leartify th | at (I) (this has | ital) attend | ed the deckased f | S | ept. 1 | OL ta | ept. 3 | 1901 | , that (I) (| wel last | |
| | | 21. I certify that (I) (this haspital) attended the deceased fram | | | | | | | | | | | |
| | 220 SIGNATURE | | | | | | | | 5 000303 011 | | | b_DATE/ | |
| | | | Mull | ecl 7 | Vollege | VIMI | ATTENDING D | AED. DIRECTOR [| STAFF PHYS | | 9 | SIGNIO | |
| | | 22c. PHYSICIAN'S NAME (Type) | Dr. San | nuel 🗸 | Sugar, L.D. | | 22d ABORESS Bal | timore 1 | we,Hy | attsvi. | lle, lk | 1. | |
| | 23o | BURIAL CREMATI | ON 236 DATE TH | EREOF | 23c. NAME OF CEME | TERY OR C | REMATORY | 23d LOCATIO | N (City, town, | or county) | (\$10 | le) | |
| | B | REMOVAL (Specify | Sept 6 | , 1961 | George Wa | ashir | gton Cemet | ery Hy | attsvi | lle Ma | l. | | |
| | 24. | FUNERAL DIRECTO | R'S SIGNATURE | | ADDRESS | | 25a. REC | 'D BY REGISTRA | | STRAR'S SIGN | | | |
| 1 | | F. Gasc | h's Sons | Hyati | tsville Md. | , | DATE | SEP 8 '6 | i1 (| arthur g | House | | |



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATE 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY TOWN (If outs de corporete limits, write RURAL and give nearest town) c CITY OR d. NAME OF HOSPIFAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO 3. NAME OF Yaar Middle OF DEATH NEISEUS アモデモバル (Type or print) 196-1 5. SEX IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In years | IF UNDER I YEAR 7. MARRIED THEYER MARRIED lest birthday) Months Hours WIDOWED [DIVORCED The USUAL OCCUPATION (Give kind of work IDB. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY dona during most of working Life, aven if retired; ARMEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 1B. CAUSE OF DEATH [Enter only one cause per ine for (e) ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause DUF TO (a), stating the underlying cause fast. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPSY PERFORMED? NO W 208. ACCOUNT WAS UNDERLYING OF CONTRIBUTING FT CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item \$8.) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer Not While factory wrebt, office bldg., etc.) While at work / st work / 195 h that (I) (we) lost 22b. DATE 22a SIGNATURE STAFF SIGNED ATTENDING 1 DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d LOCATION (City, town or county) 23a. BURIAL, CREMATION | 236. (State) 24 FUNERAL DIRECTOR'S SIGNATURE 25a. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

сотріві carbon physician and OH VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Rasidence before edmiss on) e. COUNTY b. COUNTY Prince George's Prince George's 12 H MARYLAND o CITY OR TOWN (if outs de corporate limits. c. LENGTH OF STAY IN 16 & CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Brandywine Cheverly d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address: d. STREET ADDRESS Box 160 Prince George's General Hospital 3. NAME OF 4. DATE Month DECEASED comple ded DEATH September (Type or print) Baby Boy Washington 5. SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and lest birthday) Months W DOWED September 11, Male physician 10e. USJA, OCCUPATION IG ve kind of work 1Db. K ND OF BUSINESS OR INDUSTRY 11 K HP. ACE County & State or fore an country) done during most of working life, even if retired) Prince Georges Co... 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thelma Mae Washington Joseph Herbert Swann 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) ((fryes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), i Rematurty þ ig physicia signed by PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) burial-transit DUE TO 16215 Conditions, if eny, which gava rise to immediate cause **DUE TO** (a), stating the underlying has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY Prior 2De. ACCIDENT WAS UNDERLYING [] | 2Db. DESCR BE HOW INJURY OCCURED, (Enter neture of in any in Pert Lor Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) for After this tached t 20c. TIME OF INJURY 20d. INJURY OCCURRED (2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) Manth, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: A at work at work 21. I certify that (I) (this hospital) attended the deceased from, to saw the deceased alive on.... and that death occurred at 1210M, from the causes and on the date stated above. 22e. SIGNATURE FUNERAL 22d ADDRESS 22c. PHYSICIAN' NAME (Type rector, 23d. LOCATION (City, town or county) 238. SURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Administrator

MARYLAND STATE DEPARTMENT OF HEALTH

Pringe 'George's Gen. Hosp | Cheverly, Maryland

DATE SEP 25

25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

. IS RESIDENCE ON A FARM?

YES | NO [

Devs | Hours

U.S.A.

(County)

arthur S. Kraus

, 12, CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

22b. DATE

(State)

SIGNED

1966, that (I) (we) last

0 4 2 \vdash VR A15 (4) 15M 9/60

REMOVAL

RECTOR'S SIGNATU



PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF BEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY files. Health, MARYLAND b. CITY OR TOWN (if outs de corporata limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Me RJRAL and give tearest town) HOSPITAL OR INSTITUTION (if not in hospital, give straat address) e. IS RESIDENCE ON A FARM? YES NO NAME OF Middla Month DECEASED (Type or print) DEATH 19 6 1 9. AGE (In years (IF JNDER 1 YERRE) IF UNDER 24 HRS. 7. MARRIED THEVER MARRIED last birthday) WIDOWED [USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME pages 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office **DUE TO** gave rise to immediate cause DUE TO [a], stelling the underlying PERFORMED? NO P 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury 'n Part I or Part I of Idem 18.) 20a. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING [] 20d. M. URY OCCURRED , 20e. PLACE OF IN. JRY (Home, farm, ' 20f. (City or town) Month, Day, Year tectory, street, office bldg., etc.) While Not While al work at work Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy .nspection and in my opinion DIRECTO Accident 🔀 Suic'de Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER T ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22b. 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 6 BURIAL CEMETERY WASHINGTON, D.C. 240. REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE SEP 1 9 '61 VS. A15ME 5M 9/60 WASHINGTON.

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

10621

22b. DATE 61 SIGNED

| | 100 | 028 | | | CERT | TIFICA | TE C | F DEAT | H | | | | | | | |
|---------------|--|--------------|--|----------------------------|------------------------------------|----------------|----------|------------------------------------|---------|---------------|-------------------------|---------------------|-----------------|----------------------|------------------|-------------------|
| | PLACE OF DEATH OF COUNTY PT | ince | George | s | М | IARYLAND | | Mary | | | | institutio OUNTY | | | re admissi | |
| [, | RURAL ond give be | f outside of | corporate limits | , write | c. LENGTH OF S | TAY IN 1b | } | Brandy | | | rate limits, | write R | URAL and | give ned | arest Jawn |) |
| | d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION USAF Hospital, Andrews AFB | | | | | | d | STREET ADDRES | S | | | | | | | DENCE FARM? |
| 3 | NAME OF DECEASED | | | first ' | | Middle RUTH | | Lost 4. DATE OF DEATH | | Month Sept | | | | Day Yeor 17 19 61 | | |
| | sex Female | 6. COLO | OR OR RACE | | HED NEVER MA | | B. DATE | OF BIRTH | 192 | 22 | 9. AGE (III lost bir | n years | | R 1 YEAR | IF UNDE Haurs | |
| ١ | USUAL OCCUPATION during mast of work Manager | ON (Give I | kind of work de ven if retired) | | KIND OF BUSINE | | | BIRTHPLACE (S | lote or | | ountry) | | 12.CI | TIZEN OI | _ | OUNTRY? |
| 100 | FATHER'S NAME Edgar | Qui | cksall | | | | 14 N | OTHER'S MAID Dore | | Lov | ely | | | | | |
| | WAS DECEASED EVER | If yes give | ARMED FORCE War or dotes of ser (Jan-Ju | VIGB) | social security 2) 234–28 | | NFORMA | Musband | a | | 18 Mc | Add Kay | | l, Br | andy | wine,M |
| | 18. CAUSE OF DEA | TH WAS | CAUSED BY ATE CAUSE (a) | | ne far (a), (b), and testinal | | ucti | on on | | | | | | INT | ERVAL BE | TWEEN |
| | Canditions, if any, which gave rise to immediate couse (a), stating the under- | | | | | | | | | l mo | onth | | | | | |
| CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1 | | | | | | | | | | | | | | | |
| | 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | ☐ CAUS | E OF DEATH [| 20b. DES | CRIBE HOW INJUI | RY OCCURRE | D (Enler | noture of injur | y in Pa | irt I ar Par | t II af ilem | 18) | | | | |
| MEDICAL | 20c. TIME OF INJUR Hour a, m p. m. | Y Manth | , Doy, Year | 20d, II While at war | NJURY OCCURRED Not while of wark | | | INJURY (Hame, eet, affice bldg. | | 20f. (City | ar town) | | - | (County) | | (State) |
| | 21 I certify that saw the decease | | 170 | | | | | Aug 61 | | | | _ | 19(id an th | | | we) last above |

PHYSICIAN: The law requires that the death certificate be executed within 24 or attending physician. s certificate has been signed by the attending ise as the buriol-transit p≡mit. Then please re pmmit. may be, where by the haspital ar attending D FUNERAL DIRECTOR: After this certificate page 3 shauld be detached for use as the but the State Board of Health prior to burial, crar TO FUNERA

cramation,

the funeral director, shauld be filed with

ng physician and campletely filled e remove corban papers. Pages 1 event, within 72 haurs after death.

ofter death. Page 4

VR A15 (4) 15M 9/59

BUR.AL, CREMATION, 236

GRINER, CAPT.

22c PHYSIC AN'S

23c NAME OF CEMETERY OR CREMATORY 9-20-61 Field BRANGNATURE FUNERAL HOME, WALDORF, MD.

USAF Hospital, Andrews AFB, Wash 25, DC 23d LOCATION (City, tawn, or county)

(State) 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22d ADDRESS

SEP 2 0 '61

17 Sep



death. F. 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete it led in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please range carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any elent, within 72 hours after death. within 24 hours after

VR A15 (4) 15M 9/60 2-

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| | 1.] | PLACE OF DEATH [] 2. USUAL RESIDENCE (Where decreased lived, if institution, and the second lived, if it is not |
|--------|---------|--|
|) | 4 | COUNTY FIRINGE (GE CICLEMARYLAND) S. STATE MARYLAND S. COUNTY 62606 |
| | | b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) |
| | | d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street eddress d. STREET ADDRESS e. IS RESIDENCE |
| 8 | 5, | CUTHIRA HIHRYLAND HOSP, CITNIFR JY 3 Pax 579 YES NOT |
| | | NAME OF First Middle Last 4. DATE Month Day Year |
| | | SEX 16. COLOR OR RACELY MADDIED NEVER MADDIED 8. DATE OF BIRTH 19. AGE IN YOUR FUNDER 24 HRS. |
| | ٥. | SEX S. COLOK OK RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers In UNDER 1 FAX IT UNDER 24 HKS. last, 6 rithday) Months Days Hours M'n. |
| | 10e | . USUAL OCCUPATION (Give kind of work to discover) 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
|) | | HOWEWIE HOME VIRGINIA LOOME |
| | 13. | PHILLIP BOWEN EMMA ROADE |
| | | WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT |
| | | NONE NONE MILE |
| | | 18. CAUSE OF DEATH [Enter only one couse per line for ,e), (b), and (c)] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTT RHHL, HFIIC (RHG) (G), J, TIMOT) IMMEDIATE CAUSE (a) INTT RHHL, HFIIC (RHG) (G), J, TIMOT) |
| | | 204/ DUE TO |
| | | conditions, if any, which governs to Immediate cause |
| | | (a), staling the underlying DUE TO |
| | NO | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| | ICATION | CONGESTIVE HEART FAIL-URE (ICTURENSAILED) YES IN D- |
| | CERTIFI | 200. ACCIDENT WAS UNDERLY NG [] 200. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert I of Item 18.) OR CONTRIBUTING WAS UNDERLY DEPARTED. (IF EITHER, NOTEY MEDICAL EXAMINER) |
| | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, Ferm, 20f. (City or town) (County) (State) |
| | MED | prod UN Fig. of work A for project NONE NONE |
| | | 21. I certify that (I) (this hospital) attended the deceased from |
| , | | 226. SIGNATURE , , |
| | | L'ILATTI DELL COLL M.D. PHYS. I DIRECTOR PHYS. I 7. 22/47 |
| | | PARE (Type) ARIHUR SHALER IN PID, BRANKSH ALE - WINTON/AD |
| | 23a | BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) |
| | 24 | FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE |
|) b | U | 1 W CHAMBERS 6-5/7-1155 5750 DATE OCT 3 '61 CIRLING & TUMB |
| | - | 1311711. |



Alled in by the funeral Pages 1 and 2 should ours after death within 24 hours after TO HOS. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed irector, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within the VR A15 (4)

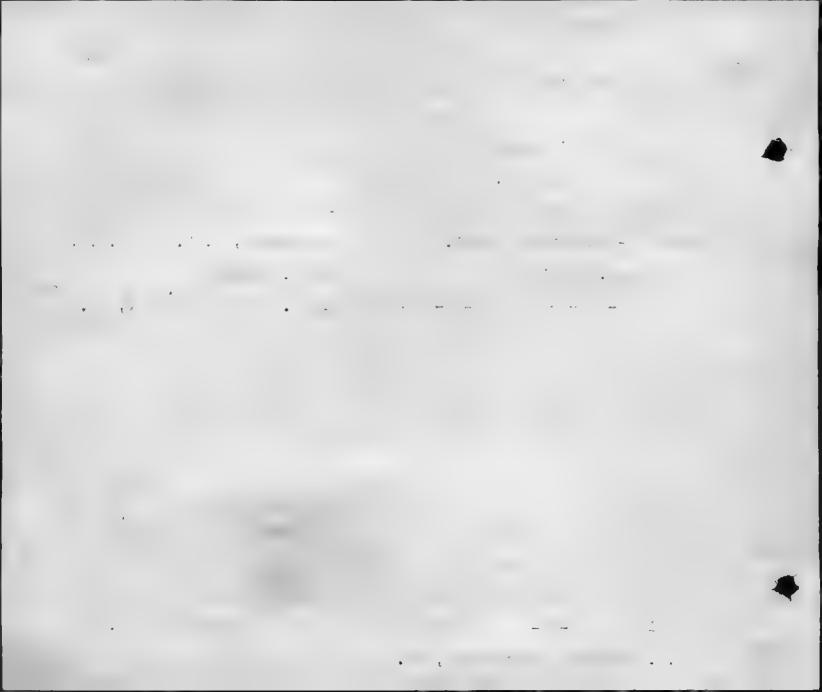
15M 9/60

| | DIVISION OF SENISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH |
|---------------|---|
| 1. | LACE OF DEATH 2. USUAL RESIDENCE (Where deceased ved, if institution Resid no before edmission) |
| | COUNTY B. STATE b. COUNTY |
| | Prince George's Maryland Prince George's CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) |
| | write RURAL and give nearest town) |
| 2. | Cheverly 2 days Greenbelt |
| 1 | NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) ON A FARA |
| | Prince George's General Hospital / 32-A Crescent Road YES NO [|
| 3. | JAME OF First Middle Last 4 DATE Month Day Year DECEASED OF |
| | Nohre M. Wehn DEATH September 19 61 |
| 5 | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (n yeers IF UNDER 1 YEAR IF UNDER 24 HR. |
| | emale White WIDOWED DIVORCED 11-21-81 79 yrs. |
| 10 | JSUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 SIRTHP, ACE County & Star or fore an country) , 12, CITIZEN OF WHAT COUNTI |
| | shier - (Retired) Dept. Store Washington, D. C. U.S.A. |
| | FATHER'S NAME 14 MOTHER S MAIDEN NAME |
| | David C. Holliday Emma H. Benton |
| 15 | WAS DECEASED EVER IN U.S. ARMED FORCEST, 16, SOCIAL SECURTY NO 17, INFORMANT 32-Address Crescent Road |
| (Y | No or unkown) ((fyesgivewerordelesofservice) 579-03-1273 Richard G. Wehn Greenbelt, Md. |
| * | 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c). |
| | ONSET AND DEATH |
| | PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) CEREBRAL VASCULARE ACCIDENT 2 days |
| | 55 X DUE TO |
| | Conditions, if any, which (b) |
| | gave rise to immediate cause (a), slating the underlying |
| | cause lest. (c) |
| ĕ | PART H. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPS PERFORMED? |
| ΨY | YES NO N |
| CERTIFICATION | 208. ACCIDENT WAS UNDERLYING _ 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Item 18.) |
| CER | DR CONTRIBUTING CAUSE OF DEATH L IF EITHER, NOTIFY MEDICAL EXAMINER) |
| | 20s, TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED, 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) |
| MEDICAL | Hour a.m. While Not While factory, street, office bldg., etc.) |
| × | p.m. 19 ef work at work ! |
| | 21. I certify that (.) (this hospital) attended the deceased from |
| | saw the deceased alive on |
| | 226. SIGNATURE ATTENDING MED. STAFF 22b. DATE |
| | MD PHYS. DIRECTOR PHYS. |
| | ATTIME (Typo) ACLAS 22d. ADDRESS 506 COLLEGE HVE |
| | CITOUIS MENDEL, M.V. COLLEGE PARK MAL |
| 23 | BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (Slete) |
| | Burial 9-22-61 Glenwood CEM Washington, D.Cl |
| 24 | FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE |
| | W.W. Chambers Riverdale, Md. DATESFP 2 2 '61 Circling & Kround |

DATESEP 2 2 '61

Chambers Riverdale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased I vad. If institute ray Is ne. stal director. Pass r your files. e. COUNTY Prince Georg **b.** COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (.f outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Beltsville Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMZ Leland Memorial Hospital 12106 Wheatley Lane may be retained 2 with the State YES NO death NAME OF DECEASED and 3 to the September (Type or print) Alice Alphansane Wheatlev DEATH after 6. COLOR OR RACE 7. MARRIED TEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) WIDOWED T DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stata or foreign country) 18. Give Pages 1, 2, form PM3. Page 5 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) New York II.S Own Home Housewife
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Burnette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT LIZABETH (Yes, no. or unkown) | (Ifvasqivewerordatesofservica). e should be executed wing" in pencil in Item 18 ar's Office along with 18 a burial-transit permit removal, and in any 4 same as # Edward Earl Wheatley, 18. CRUSE OF DEATH [Enlar only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH DUE TO (b) geve risa to immediate cause Examiner's DUE TO 88 (a), stating the underlying nsed causa lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01. 19. WAS AUTOPSY PERFORMED? sase execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat NO F 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy 🛣. Inspection 📧 Inquiry [and in my opinion death resulted from. Natural causes X. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James I. NAME (Type) Address (Street, city, town, or county) DEP 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) g40 g Burlal Bladensburk, Fort Lincoln 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME SEP 2 6 '61 W. W. Chambers Co . Riverdale, Md. arthur S. Krous 5M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 10632CERTIFICATE OF DEATH the funeral director, should be filled with ofter death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. COUNTY b. COUNTY Prince George Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ${ t Cheverly}$ Riverdale D. O A. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 6135 64th Avenue Prince George General Hospital P Middle DATE Month Filled DECEASED Charles Edward Williams Poges deoth. (Type or print) DEATH Sept. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years 5 SEX B. DATE OF BIRTH campletely 55 birthdoy) after (Aug. 14, 1906 Male White WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Salesman Candy Co. New York and pou 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 Charles Williams physicie With Marie Vensade гетидуе 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unkn Ùnk. offending Helen E. Williams Same as # 2 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] 귭 PART I DEATH WAS CAUSED BY:
| MMEDIATE CAUSE (a) **DUE TO** á Conditions, if any, which permit (b) gned gave rise to immediate **DUE TO** cause (o), stating the underlying cause lost. hos been si **buriol-tronsit** offending physicion PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 CERTIFICATION cremotion, 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) certificote MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m While Not while After this of work of work p. m. for prior 21 I certify that (I) (this hospital) attended the deceased from ________ detoched Health or ATTEND saw the deceased alive on... and that death occurred at. M, fram the causes and an the date stated above. 22a. SIGNATURE ATTENDING MED DIRECTOR þe PHYS. M.D. 22c PHYSICIAN'S 22d, ADDRESS NAME (Type)

FUNERAL 3 2 15M 9/59

VR A15 (4)

ADDRESS

23b DATE THEREOF

9/26/61

23a. BURIAL, CREMATION.

Burial Specify

24 FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons

250 REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

23d LOCATION (City, town, or county)

Arlington, Virginia

Hyattsville, Maryland

23c. NAME OF CEMETERY OR CREMATORY

Arlington National

DATE SEP 2 7 '61

arthur & Kraus

Prince George

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

(State)

22b. DATE SIGNED

(State)

PERFORMED? YES 💢 NO 🗌

23

Days

U.S.A.

(County)

19.6. , that (1) (y/e) last

Months

e. 15 RESIDENCE

ON A FARM?

YES NO IX

Yeor

19 6]



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND Item 13 Film G297 10/2/61 mh 2. USUAL RESIDENCE (Where decessed Ived, If institution I. PLACE OF DEATH a. COUNTY e. STATE Prince Georges Georges MARYLAND b. CITY OR TOWN (if outside corporate lim ts e. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) 10 days Cheverly Bowie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Prince Georges General Hospital Street rbon paper within 72 h 3. NAME OF 4. DATÉ complet OF (Type or print) DEATH AGE (n years | IF UNDER 1 YEAR Woodard and cor 5 SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED JE JNDER 24 HRS 8. DATE OF BIRTH lest birthdey) Months Hours | Min. Jan 1917 Black physician 10e. USUAL OCCUPATION (GIVE KING of Work 10b. KIND OF BUS NESS OR INDUSTRY "1 BIRTHP_ACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired! Short order Cook SO. HAMPTON. VA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME anding please Nathinel Woodard EMMA SCOTT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOC AL SECURITY NO. 17. INFORMANT Address 1 4 1 TH (Yes, no, or unkown) ! (Ifyes give wer or dates of service) 517-19-65-18 MRS. FRANCES VOCOWARD 18. CAUSE OF DEATH [Enter on y one cause per line for (e) (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 2 months Duodenal ulcer with hemorrhage IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gava risa to immediate cause DUE TO (a), stating the undarlying has PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? **Uremia** NO Z 20e. ACCIDENT WAS UNDERLYING 1 . 20b. DESCRIBE HOW NURY OCCURED, (Enter neture of injury in Part | or Part | of Iam 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this LIF EITHER, NOTIFY MEDICAL EXAMINER, 20c. TIME OF INJURY Month, Day, Year | 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Not While factory, street, office bldg., etc.) While et work et work 1966 to 9 21. I certify that (I) (this hospital) ettended the deceased from....... 19.4/., and that death occured at 0.00%, Prom the causes and on the date stated above. 22b. DATE 22a, SIGNATURE SIGNED ATTENDING DIRECTOR T PHYS. PHYS. FUNERAL rector, page 3 filed with the 22d. ADDRESS 22c. PHYSICIAN' NAME / Typ James R. Goodson, M.D. 1746 K St. N.W. Washington 6 D.C. TO FUNE director, p 23d. LOCATION (City, town or county) (Stata) 123c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) I IVOR, VINGINIA HURTAL GILELELD 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) N.W DATE SEP 2 9 '61. 15M 9/60 WASHINGTON, D.C.



1. PLACE OF DEATH e. COUNTY al director. Page Prince George's files b. CITY OR TOWN (if outside corporate limits, your, Camp Springs ŏ Boat Road may be retained 2 with the State death 3. NAME OF First and 3 to the f. DECEASED Mary s 1, 2, and 3 to the ege 5 may be re 1 and 2 with the 72 hours after o (Type or print) 5 SEX Female 10a. USUAL OCCUPATION (G ve kind of work uld be executed within 24 hours aff in pencil in Item 18. Give Pages 1, 2 day during most of working life, even if retired) pages Office along with form PM3. burial-trensit permit. File page movel, and in any event-within 13. FATHER'S NAME Harry Styron EXAMINER: This certificate should be executed within (Yespen or unkown) ! (Ifyesgivewerordetesofservice) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause 0 Examiner's DUE TO (a), stating the underlying 95 늉 used (cause last. (c) cremation, Medical bluods 20b. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | asse execute the certificate, writing the should be forwerded to the Chief Me FUNERAL DIRECTOR: Page 3 sho its designated agent, prior to burief, CAUSE OF DEATH. CAL 20c. TIME OF INJURY Month, Dev. Yeer While Hour a.m. MEDICAL Natural causes death resulted from: ACTUAL SIGNATURE EXAMINER'S James I. NAME (Typa) DEPU BURIAL CREMATION, 226. DATE THEREOF Q 40 P VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF 2. USUAL RESIDENCE (Where decessed lived, If institution, Revised Plan admission) **b. COUNTY** MARYLAND Columbia c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington II week d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 7263 Brinkley Road d STREET ADDRESS . IS RES DENCE ON A FARM? 2829 Gm2nesville Street S.E. YES NO X r lizabeth . 4. DATE Dav Yaar September 61 DEATH 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BURTH AGE (In years . IF UNDER I YEAR I IF UNDER 24 HRS. birthdey) May 15, 1909 Months Days Hours WIDOWED [DIVORCED [10b, KIND OF BUSINESS OR INDUSTRY (11 B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? District of Columbia Own home U.S.A. 14. MOTHER'S MAIDEN NAME Mary Hart 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address William P. Young, same None 18. CAUSE OF DEATH Enter only one cause per line for the (b) and fel ! INTERVAL BETWEEN ONSET AND DEATH Metastasis to the liver Carcinoma of the right breast. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6)1 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of itam 18.) 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, ferm. 20f. (City or lown) (County) (Slate) fectory, street, office bldg., atc.) Not While al work at work Inspection . 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Accident Suicide Homicide Undetermined manner

CHIEF MEDICAL EXAMINER [

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER .

DATE SIGNED 9/22/61

(Stala)

Address (Streat, city, Iown, or county) NAME OF CEMETERY OR CREMATORY

22d, LOCATION (City, lown, or country)

24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

arthur & Kraus

* 1 -*1 1 4 2 3 4 A 194 : I want not be too to

FOR STATE HEALTH DEPT TO DEPUTE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any single sees execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fuzzial director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Thealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 pages after death.

VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 1. PLACE OF DEATH | | GERTINICA. | - OI DIA | 10 | 628 | | | | | |
|--|---|--|-----------------------------|----------------------|-------------------------------|--|--|--|--|--|
| a. COUNTY | | o, STATE | L. | COLINITY | | | | | | |
| Prince George's | MARYLAND | | Land | Prin | | | | | | |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (| If outside corporete limit | s, write RURAL and g | ive nearest lown) | | | | | |
| Cheverly | D.O.A. | Mt. | Rainter | | | | | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp | itel, give street address) | d. STREET ADDRESS | | | . IS RESIDENCE | | | | | |
| Prince George's Gener | al Hospital | 1 4513 2 | 9th Stree | t: | YES NO | | | | | |
| 3. NAME OF First | Middle | Last | 4. DATE | Month | Day Year | | | | | |
| (Type or print) W1111am | Albert | Varion | OF DEATH C | | (10 (5 | | | | | |
| 5. SEX 6. COLOR OR RACE 7. MARRIED | MINEYED WARRIED 18. | Young DATE OF BIRTH | | entember | | | | | | |
| 2.6 - 2.6 2.4 | - | | last birti | idey) Months De | | | | | | |
| Male White WIDOWED Ob. USUAL OCCUPATION (Give kind of work 10b. KIT | | May 27,188 | 8 1 73 | yrs. | | | | | | |
| The state of the s | ID OF BUSINESS OF TO USE | 11. BIRTHPLACE (State | or foreign country) | 12. CITIZE | N OF WHAT COUNTRY? | | | | | |
| Maintainance G | ovt Printing | Kentuc | kev_ | U | .S.A. | | | | | |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | | | | | | | |
| Robert Bruce Young | | Carolin | e Elizabe | th Mitch | ell | | | | | |
| S. WAS DECEASED EVER IN U.S. ARMED FORCES? 118. S | OCIAL SECURITY NO. 17. 11 | NFORMANT | A | ddress | - Andrews | | | | | |
| Yes, no, or unkown] (If yes give we ror deles of service) | S. R | salind Yo | uno gem | e as # 2 | | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause por lin | | | and I bom | UD 11 L | INTERVAL BETWEEN | | | | | |
| PART I. DEATH WAS CAUSED BY: | Acute conge | estive hes | nt foilum | | ONSET AND DEATH | | | | | |
| IMMEDIATE CAUSE (e) | mode cong | POTAC HEST | to Tattmi | 9 | | | | | | |
| 420 DUE TO | | | | | | | | | | |
| Conditions, if ony, which gove rise to immediate course (b) Coronary artery disease | | | | | | | | | | |
| (e), slating the underlying DUE TO | | | | | | | | | | |
| cause lest. (c) | | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONT | RIBUTING TO DEATH BUT NO | RELATED TO THE TERMIN | NAL DISEASE CONDITIO | H GIVEN IN PART I | 19. WAS AUTOPSY PERFORMED? | | | | | |
| | | | | | YES NO TE | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONT 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. | E HOW INJURY OCCURED. (E | nter nature of injury in Pari | t I or Pert II of item 18.) | 1.0 | | | | | | |
| CAUSE OF DEATH. | | | | | | | | | | |
| 20c. TIME OF INJURY Month, Day, Year 20d, IN While the work | | E OF INJURY (Home, farm | | (County | (State) | | | | | |
| Hour e.m. While | | ry, street, office bldg., etc. |) | , | (-10.0) | | | | | |
| p.m. 19 et work et work | | | | | | | | | | |
| | 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my opinion | | | | | | | | | |
| death resulted from: Natural causes X, | Accident, Suich | de, Homicide | Undetermin | ed manner | | | | | | |
| | 2 | CHIEF MEDICAL E | EXAMINER | | | | | | | |
| SIGNATURE SIGNATURE | | DATE BIGNED | | | | | | | | |
| EXAMINER'S | | DEPUTY MEDICAL | EXAMINER - | Septe | mber 6,196 | | | | | |
| NAME (Type) / James I. Boy | ď | Address (Street, o | city, town, or county) | pebre | mper, 0, 130 | | | | | |
| e. BURIAL, CREMATION, 22b. DATE THEREOF 2 | 20. NAME OF CEMETERY OR | No. of the last of | 22d. LOCATION (City | lown, or country) | (Stete) | | | | | |
| Sept 8,1961 | AHINATEN | National | | +, MYEL | j Va | | | | | |
| 3. FUNERALDIRECTOR | ADDRESS | A /a 240. REC | D BY REGISTRAR 246 | REGISTRAR'S SIGN | ATURE | | | | | |
| V. W. Chambers Co. 50 | 301 Cladeland, | Ave | | | | | | | | |
| | Kirefa | MA- DATEED | 7 '61 | ail 18 K | 4 | | | | | |
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MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral Item 23b. Film G295 USUAL RESIDENCE (Where deceased lived, If institutions and PLACE OF DEATH a. COUNTY Prince George Maryland Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly hours after A Beltsville Pages ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George General Hospital 4514 Sellman Road YES NO TO 3. NAME OF 4. DATE Month DECEASED H. (Type or print) IL DOLT DEATH Sept. 18. 19 61 withi carbon 5. SEX 6. COLOR OR RACE 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED pue lest birthday) Months Hours Male Dec. 13, 1889 WIDOWED DIVORCED physician 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Clerk Government New York U.S. A. 13. FATHER'S NAME piease 14. MOTHER'S MAIDEN NAME C altending Robert Ziepolt and Margaret Mann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address removal. (Yes, no, or unknwn) [Ifyes give war or detes of service] no Elsie G. Ziepolt Same as # 2 577-10-1191 signed by the Wife 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). physician. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCANDIAL INFANCTION 12 hrs IMMEDIATE CAUSE (a) the burial-transit DUE TO CONONANY THROM bosis affending (b) gove rise to immediate ceuse DUE TO (a), stating the underlying ANTENIOSCLEUDTIN HPANT certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) WAS AUTOPSY the hospital SE PERFORMED? YES THE NO use Prior 20a, ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH etached for After this ained by 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) Hour e.m. While Not While at work | at work | 3 should be de 21. I certify that (I) (this hospital) attended the deceased from... 6 194 (I) (we) last saw the deceased alive on 22e, SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR M.D. FUNERAL 22c. PHYSICIAN'S 22d, ADDRESS 3503 Ken Ry DMCAL death I 23c. NAME OF CEMETERY OR THE TOP YOU 23d. LOCATION (City, fown or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOI (State) REMOVAL (Specify) Sept.21,1961 St. John's Church Burial Beltsville, Md. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** YR A15 (4) DATE SEP 2 0 '61 15M 9/60 F. Gasch's Sons Hyattsville, Maryland arthur & Kines

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